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Between Ourselves

As was noted here last month, the ***preliminary reports*** for next month's Convention have been distributed in booklet form. In our September issue the final versions, complete with recommendations adopted and action taken, will be recorded. Thus, the permanent draft will be more complete and accessible for any future referral.

* * *

This preconvention issue presents some ***last-minute items regarding the Biennial Meeting.*** The array of personalities who will be on hand to welcome us to Banff and to smooth out all the small mountains of arrangements reminds us so much of a typical nurses' gathering. One lone male in a galaxy of vigorous females! There are a growing number of men in nursing in Canada but somehow they do seem to be very self-effacing. They do not hold office or even function actively on committees. Perhaps the presence of a gentleman, even though he is not a nurse, will encourage some of our elusive male colleagues to come forward and express themselves.

* * *

One of the hurdles that each of us has to leap before we begin to function as graduate nurses is to write our Registered Nurses' examinations. Many changes have taken place, over the years, in the persons appointed or chosen to act as examiners, in the forms of questions asked, in the whole pattern of administering the examinations. Several years ago the Registered Nurses' Association of British Columbia adopted the standardized papers and system of marking sponsored by the National League for Nursing. Some of the other provincial associations have followed suit.

Last year, **Sister M. Felicitas** chose as the theme for her Master's degree dissertation, at Catholic University, Washington, D.C., a study of the actual questions that had been used over a period of several years for ***R.N. examinations.*** She found very considerable differences in the types of questions asked on different papers, most of which were of the essay type. In an endeavor to point the way to better prepared examination papers and to greater standardization of marking procedures, she has given us a helpful summary of the essential techniques for measuring a candidate's knowledge.

* * *

This is the most popular season for the ***graduation exercises*** in schools of nursing all over Canada. Since 1951, the Editorial Board of *The Canadian Nurse* has joined the list of donors of prizes to these new graduates each year. The award, a two-year subscription to this *Journal,* is made to the nurse who, in the estimation of the faculty of her school, has shown "the greatest promise of professional development." In the past three years a total of 293 such awards has been given. Though the omnipresent risk of matrimony has removed quite a few of the winners from active participation in professional affairs, we are happy to confirm the good judgment of their directors of nursing in that the great majority of these girls renew their subscriptions when they lapse, indicating their continued interest in their chosen profession. Frequently, a little personal note accompanies the renewal. It may tell us how busy she is kept with small fry — "nurses-to-be" — underfoot. "I am now an inactive member of —. Bang goes another nurse to motherhood!" wrote one former winner.

We are including two of last year's valedictory addresses in the Student Nurse section of this issue. They are typical of the dozens that will be given this year. To every one of the hundreds of new graduates, who will look back yearningly ten years hence to 1954 as their graduation year, we extend our hearty congratulations.

* * *

Something new has been added in this issue — ***a special page for industrial nurses.*** Previously, we have frequently carried articles on the Public Health Nursing page devoted to this specialty. Their growing numbers in many parts of Canada, the trend toward their own committees provincially, and the desire to assist this group in every way we can to build up a useful literature in this field prompted us to add this section. We plan to continue all of the special pages we now have even though the Convention body may vote to eliminate "vertical committees" as such.

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New Products

Edited by DEAN F. N. HUGHES

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Manufacturer—*Can. Dist.:* Brent Laboratories Ltd., Toronto.

Description—Topical anesthetic ointment containing: Ethyl-p-aminobenzoate 20%; oxyquinoline benzoate 0.35% in a bland, water-soluble base.

Indications—Conditions requiring topical anesthesia—e.g., itching dermatoses of all types, pruritus ani, post-operative rectal wounds, hemorrhoids, etc.

Administration—Apply topically as required, directly to area or on gauze. Repeat in 2 to 6 hours as required. Do not use in eyes.

BENTYLOY INJECTION

Manufacturer—The Wm. S. Merrell Company, St. Thomas, Ont.

Description—Each 1 cc. Bentylol Injection (in sterile sodium chloride solution) contains 10 mg. of Bentylol Hydrochloride.

Indications—Pylorospasm, spastic constipation, irritable colon, and for rapid relief of cramps resulting from hypermotility of the small and large intestine. Parenteral Bentylol therapy is used for acute biliary tract dysfunction, including gallbladder spasm not caused by obstruction. The injection is indicated for use when a rapid onset of action is desired or when persistent nausea and vomiting preclude oral medication. Clinical relief from gastrointestinal distress is observed promptly following intramuscular administration.

Administration—Two cc. (20 mg.) intramuscularly every four to six hours as indicated. The intravenous route may be used if desired. With intravenous injection, it is advisable to dilute the Bentylol solution with an equal quantity of sterile distilled water for injection. Intravenous route is not generally indicated.

Bentylol Injection is usually free from local irritation. There may be a temporary sensation of "lightheadedness" but mydriasis, xerostomia, and dysuria are rarely associated with its administration. The therapy should be continued until Bentylol Capsules or Syrup can be taken conveniently by the patient.

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Indications—To promote granulation of slow-healing wounds, burns, ulcers, and deodorization of malodorous lesions.

DUO-STREP

Manufacturer—Merck & Co. Limited, Montreal.

Description—Equal parts of dihydrostreptomycin sulfate and streptomycin sulfate in dry form.

Indications—Whenever either of the components is ordinarily used, especially where prolonged or intense and moderately prolonged treatment is necessary.

Administration—By deep intramuscular injection.

ETHOBRAL

Manufacturer—John Wyeth & Bro. (Canada) Limited, Walkerville, Ont.

Description—Each green capsule contains: Sodium secrobarbital 50 mg. (¾ gr.); sodium butabarbital 30 mg. (½ gr.); phenobarbital 50 mg. (¾ gr.).

Indications—Provides balanced effect of the three barbiturate components; intended for use primarily as a hypnotic and produces a sound, refreshing and prolonged sleep for a period normal for the patient.

Administration—One capsule (2 grains) taken on retiring.

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Manufacturer—Charles E. Frosst & Co., Montreal.

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Indications—As a vitamin supplement especially for infants and children.

Administration—Five drops daily mixed with milk, fruit juices, or other liquids, or dropped on the tongue.

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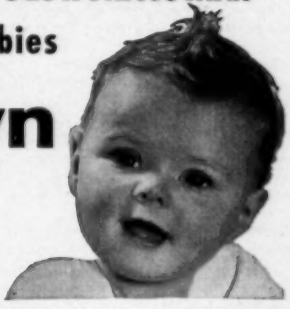

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Description—Urethral topical anesthetic containing: Benzocaine (dissolved) 10%; oxyquinoline benzoate 0.25% in a bland, water-soluble liquid vehicle.

Indications—For prevention of pain in urological instrumentation via the urethra.

Administration—By instillation into the urethra usually just 3 to 5 minutes before instrumentation.

ORLENTA LOZENGES

Manufacturer—Ayerst, McKenna & Harrison Ltd., Montreal.

Description—Each lozenge contains: Bacitracin 50 units; polymyxin B sulfate 500 units; tyrothricin 1 mg.; neomycin 0.5 mg.; benzocaine 2.5 mg.; menthol 0.8 mg.

Indications—Infections of the gingivae, mouth, oral pharynx, and tonsillar areas caused by bacteria sensitive to the antibiotic components.

Administration—One dissolved slowly in mouth every 2 to 4 hours as prescribed.

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Manufacturer—Riker Pharmaceutical Co. Ltd., Toronto.

Description—Each scored white tablet contains: Aminophylline 3 gr.; aluminium hydroxide gel, dried 4 gr. Phylodrox with phenobarbitone—each yellow scored tablet contains, in addition, phenobarbitone ⅛ gr.

Indications—Conditions requiring aminophylline with a minimum of gastric irritation—e.g., as a diuretic in congestive heart failure, bronchial or cardiac asthma, angina pectoris.

Administration—1 or 2 tablets as prescribed.

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Manufacturer—Ciba Company Limited, Montreal.

Description—Reserpine, crystalline alkaloid from *Rauwolfia serpentina,* tablets of 0.1 mg. and 0.25 mg.

Indications—For control of essential hypertension, especially in mild to moderate labile type. The sedative effect of the drug is especially beneficial in hypertensive patients suffering from anxiety and tension.

Administration—In the average patient not receiving hypotensive agents the usual dose is 0.25 mg. 3 or 4 times daily. The dose is continued for 6 weeks, then may be reduced to 0.5 mg. daily provided a satisfactory response has been obtained and can thus be maintained.

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Manufacturer—Ely Lilly & Company (Canada) Ltd., Toronto.

Description—Each pulvule contains: Liver-stomach concentrate (containing Intrinsic Factor) 300 mg.; vitamin B_{12} (activity equivalent) 15 mcg.; ferrous sulfate anhydrous 300 mg.; ascorbic acid 75 mg.; folic acid 1 mg.

Indications—All treatable anemias including pernicious anemia, iron-deficiency anemia, and the anemia of pregnancy; especially when the anemia is due to a combination of deficiencies or when the classification is obscure.

Administration—Average dose, 1 pulvule twice daily.

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Manufacturer—Irwin, Neisler & Co., Toronto.

Description—Each tablet contains Veratrum Viride whole powdered 130 C.S.R. Units.

Indications—Severe hypertension, hypertensive crises, hypertension complicated by cardiac failure.

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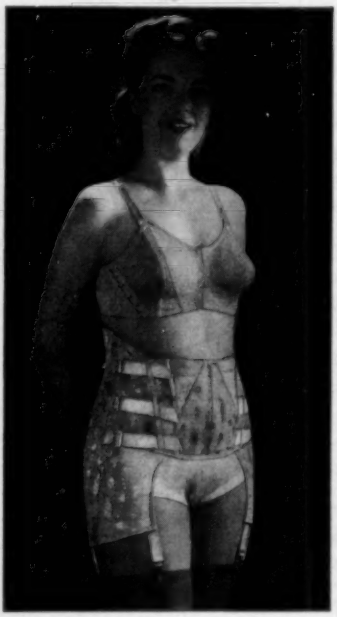

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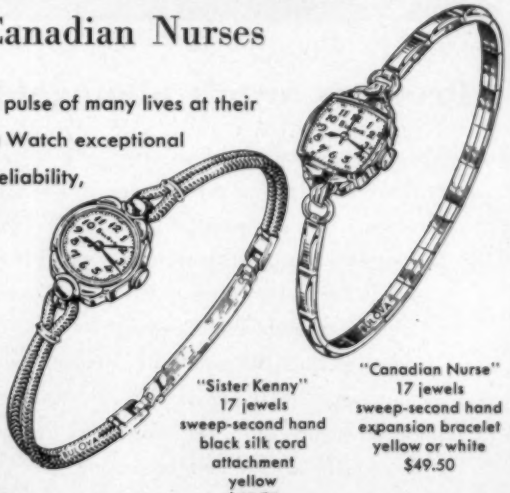

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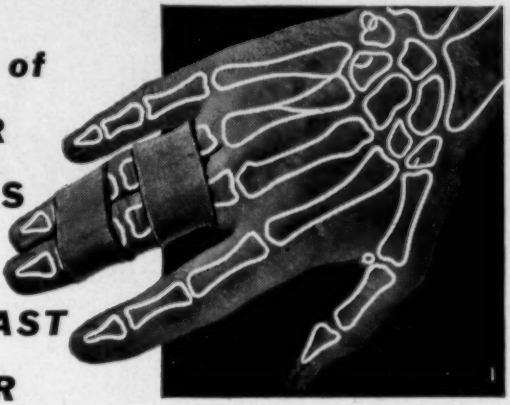

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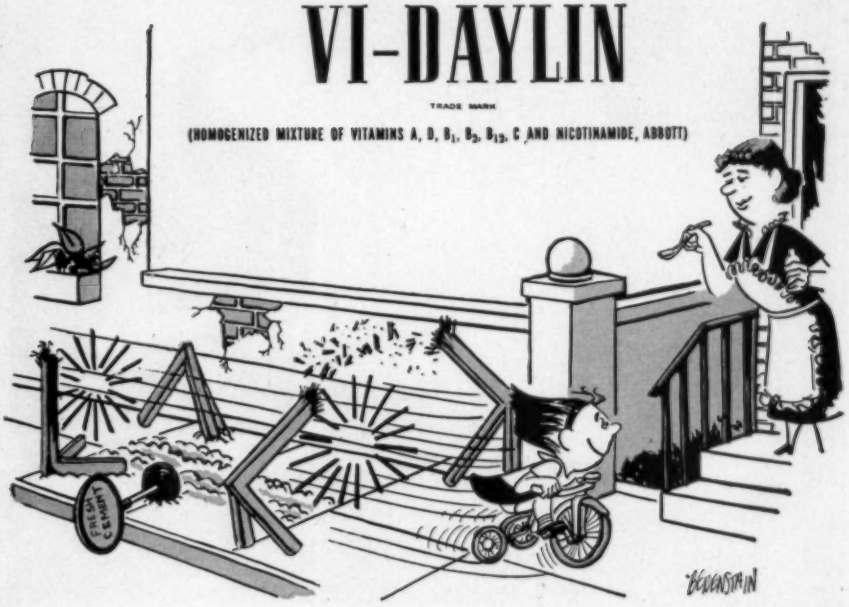

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PUBLISHED BY THE CANADIAN NURSES' ASSOCIATION

VOLUME 50 NUMBER 5

MONTREAL, MAY, 1954

The Importance of Knowing

MANY WORDS have been written, thousands more have been spoken, on the subject of the proposed changes in the structure of the Canadian Nurses' Association. The special handbook that has just been released from our National Office includes, among the other reports that will be presented at the convention next month, the amendments to our present by-laws that have been carefully prepared by our Committee on Legislation, Constitution and By-laws. As the voting delegates prepare themselves for the all-important decisions they will be called upon to make at Banff, there are a few things that might receive final emphasis through these columns.

In all of our thinking and planning for the future of nursing in Canada, one point of paramount importance is the rapid growth in population we are experiencing. Already we have passed the 15 million mark. Indications are that within another three years it will be over 16 million. New hospitals have been built with this anticipated increase in mind. Though there are numerous factors that have prevented a parallel increase in the number of new nurses, to the point that there are enough to fill all of the needs, there has been an impressive swelling of the total membership in the C.N.A. This is reflected in the larger number of voting delegates who will be eligible to vote this year. This number will continue to increase each biennium.

What, then, of the Structure Study? The first point to remember is that there has been nothing haphazard, hurried, or ill-considered either in the Study itself or in the proposed amendments to our national by-laws that have evolved out of it. Ample time was provided for the original coast-to-coast observations made by Dr. Pauline Jewett. Her training in research methods, added to her native ability as a student, gave her the perceptive skills that were so necessary as she reflected, weighed and sifted the impressions, suggestions and facts accumulated through her many contacts in every part of Canada. Thus, though her report could not be considered a piece of *pure* scientific research, since it did not relate to an exact science measurable in terms of hours or grams or degrees, its development as an objective, expert, scientific analysis of actual conditions and its practical recommen-

dations for improving them earned it the serious consideration it has received in the past two years.

The next point of concern to the alert, well-informed voting delegates should be the realization that their decisions are not limited to present-day activities. They will affect policy and development in our association for many years to come. The C.N.A. is still four years short of being 50 years old yet the changes that have come in this relatively short period of years are phenomenal. The decisions to be made this year have, in part, resulted from our rapid growth, from the realization of our maturity as an association, and from the demands that the future will inevitably make upon us.

Finally, how many of the voting delegates — indeed, all of the nurses of Canada — can truthfully and thoughtfully subscribe to the following creed for unbiased thinkers? The author is Walter E. Myer, editor of the *American Observer:*

> I am not a middle-of-the-roader. I take sides on many controversial issues because I have convictions. I realize that I may often be on the wrong road. I know that what I believe to be right may not be right but I cannot wait for certainty. No one can. I am under obligation to act in the interests which seem best to me, and act I will. But realizing the possibility of error, I will be ever on the watch to see if my views need correction and if my course needs to be changed. I understand that progress comes only if I discover new bits of truth, only if I keep correcting my position and if I continue to discard wrong impressions in the light of new knowledge. I know how difficult it is to strive enthusiastically for goals which may have to be shifted but I am convinced that by such a process, and by no other, can we come closer to the truth.
>
> Since useful living is so much a matter of trial and error, it is important that there be as much freedom as possible in the trials. It is important that the search for truth should be unhampered. I demand for myself the right to act in accordance with my present beliefs, even though I know that they may eventually be changed. I accord the same privilege to others. I believe in the right of free speech. I will never give support to any effort to deny to any man the privilege of speaking merely because his views are opposed to my own.
>
> Not only will I sustain the right to those whom I oppose to be heard but I will listen respectfully to opposing views. I will not listen indiscriminately. If my reasoned judgment tells me that a certain contribution is not worthy of my time, I will ignore it, but I will question such a decision with searching honesty to make sure it is based upon reason and not upon prejudice. Once in a while, in the quiet of my own thinking, I will examine the arguments for causes I most intensely oppose to see whether there may be more truth in them than I had supposed. I will try very hard not to deprive myself of any advantages which come from the possession of truth. I will not turn my face definitely against unpopular ideas until I have become convinced of their falsity. And all the while I will keep my face to the front, working untiringly for those principles which seem to me to be worthy of my support.

Nurses who can make such a declaration have set their feet in the path of good citizenship. The effective operation of our democratic system requires the active participation of such people.

Low aims and shallow thoughts are the real tragedies of life. If you would accomplish anything in life worthwhile, and have a measure of happiness, then choose an ideal, be loyal to it, fight for it with abiding faith and, in time, the realization is apt to come. Though it may never come, it matters not. Perhaps it is best that you never fully attain all your ideals. However, you will be a better person because of those ideals, because of the struggles you have made. Yes, ideals are the architects of character, the blueprints of the soul.

—William R. Franklin

Anesthesiology and Oxygen Therapy

M. Digby Leigh, M.D.

One hundred years ago, the surgeon was the completely dominating figure in the medical world. He accepted a mortality rate that would today be considered outrageous but his acceptance was approved by the general public. In 1846 Simpson used chloroform in Scotland, ether was used in Boston and the surgeons welcomed this first major step in modern anesthesia. The patients were now quiet and relaxed but their only gain was a peaceful passing. They continued to expire with alarming regularity.

For many decades after that, the complete domination of the surgeon continued. It became evident eventually that he had to have some help and that the help must come from a specialist who would work more in partnership with him than as a very definite inferior.

There were a few ardent pioneers in the field of anesthesia. Among them in the United States were Waters, Guedel and Lundy. In Canada one outstanding man was Bourne. They had faith, vision and persistence. In the past 30 years it has been proven to the medical profession and to the public that most of the deaths on the operating room table, and even post-operative deaths, are unnecessary.

Intensive study of anesthesiology has developed safer and more comfortable conditions for the patient and at the same time improved the facilities of the surgeon. Anesthesiology has ceased to be a steppingstone to surgery — it has become one of medicine's most advancing specialities. As it has increased in value and interest, so better doctors have desired to become anesthesiologists. There are new techniques almost daily, laboratory research which is unending, and continual developments which are fascinating to a doctor with an inquiring mind.

It has been found, as was learned years ago in the nursing profession, that there is no substitute for education in the matter of saving lives. Advanced courses in training have been established in many large medical centres through Canada. For a specialist who would limit his practice to anesthesia, there are two educational programs. The highest degree obtainable is that of a Fellow in the Royal College of Physicians and Surgeons of Canada. Prerequisite to this is a medical degree, one year internship, and four years' post-graduate study in anesthesiology. The second, certification by the Royal College of Physicians and Surgeons of Canada, requires a medical degree, one year internship, and three years' post-graduate training in anesthesiology. Internes now receive one month's training in anesthesiology and medical students one week at most centres. Both of these allowances are most inadequate but they are being adjusted rapidly.

Consideration of the many types of anesthesia agents and adjuncts shows how necessary is long training. The qualified specialist must be thoroughly familiar with their effect, not only on the well, but on the very ill patient. His detailed knowledge of drugs and their usage must be beyond that of the general physician or even the surgeon. Consider some of the various types of anesthetic agents now in general use.

Among the many inhalation agents, there are of course chloroform — rapidly becoming obsolete — and ether. Then there are in common use: cyclopropane, ethylene, nitrous oxide, and trilene. There are the intravenous barbiturates which include: pentothal, kemithal, surital, evipal, nembutal, and seconal; the opiates: demerol and morphine; rectal agents: avertin and barbiturates; the local anesthesia drugs: procaine, xylocaine, intracaine, mety-

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A qualified anesthesiologist explains the workings of an anesthetic machine.

caine, pontocaine, nupercaine. All must be understood completely by the anesthesiologist.

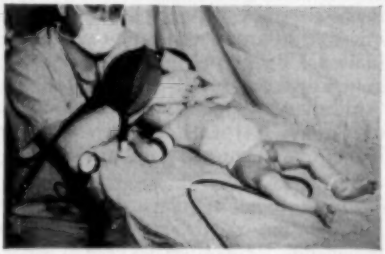
Then he is faced with the muscle relaxants: curare, succinylcholine, flaxedil; the analeptics, which improve breathing and arouse patients: coramine, metrazol, picrotoxin, caffeine sodium benzoate; the vasopressor drugs for raising blood pressure or prolonging local anesthesia such as: epinephrine, arterenol, neosynephrine, ephedrine, vasoxyl, methedrine; and hypotensive drugs such as hexamethonium, which lower blood pressure and reduce the amount of blood lost when blood vessels are severed by the surgeon. Moreover, the anesthesiologist must be ready to use antinauseants such as dramamine and gravol, new methods now receiving attention.

This is only a partial list, however it is enough to demonstrate the detailed knowledge required. Again, the effect of many of these drugs, good or bad, is almost instantaneous and, therefore, the anesthesiologist works most of the time under tension and vigilance.

One more problem added to the work of the anesthesiologist is the now required knowledge of blood transfusion, and through that the use of plasma substitutes to maintain blood volume, especially if blood supply is inadequate or excessive loss occurs during an operation.

A new development in anesthesiology has been the establishment of the post-anesthetic recovery room as part of the operating room suite. The patient remains in this room, under the care of a specially trained group of nurses, with the anesthesiologist within easy call, until the immediate post-operative effects have disappeared. The nurses become, in a sense, specialists. They must be very familiar with the problems of patients recovering from surgery and anesthesia. Their ability to discover a patient's status

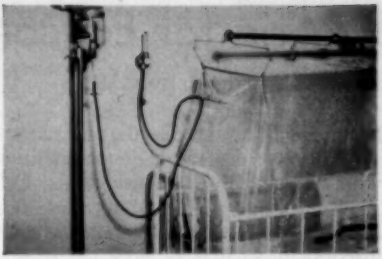
from breathing, pulse rate, and blood pressure must be unfailing. They must be experts at intravenous therapy, shock treatment, and oxygen therapy. The recovery rooms are well equipped but the most important factor in their successful operation is the training and ability of the nurses. Actually, it is an interesting and exciting task, if an arduous one. The members of the PAR nursing staff have the knowledge as they go to work, that something unusual is sure to happen and the day will not be dull.



Particularly in pediatric anesthesia is constant vigilance the keynote. Note blood pressure cuff and rectal thermometer.

Oxygen therapy has become an important sub-division of anesthesiology. The use of oxygen, in the past few years, has developed with great rapidity. In the Vancouver General Hospital it is supplied, almost like water. A huge storage tank is on the grounds and from there the oxygen is piped to the wards.

Oxygen therapy efficiency depends upon a high standard of training and skill, together with constant vigilance on the part of the nurses and the oxygen therapists. The latter are generally drawn from the orderly staff of the hospital and they receive considerable training and draw higher pay than other orderly sections. They learn the correct application of oxygen by tent, mask and catheter; use of the Beckman analyzer in tent analysis; and the care and upkeep of the various kinds of resuscitation apparatus in use. They are a flying squad in cases of emergency and an important part of the anesthesia department in their general work. One of their functions is a continual education program. Nurses and others are instructed by films, demonstrations, and literature. In addition to the theory of the work, nurses must learn the importance of correct application of oxygen apparatus to a patient, if an adequate supply is to be delivered and full value gained from the therapy.



A child with laryngotracheo bronchitis in high humidity oxygen tent.

This has been a brief attempt to review the present-day concept of efficient anesthesiology. There is a common quality between it and nursing. Good training and constant study are essential in this important branch of medical care since both groups are mainly engaged in the saving of life and the protection of the health of the general public.

Population Trends

For every province except Ontario, migration within Canada now exerts a greater influence on population development than immigration from outside Canada. British Columbia, for instance, showed a percentage increase twice as large as any other province. Thirty-four per cent of this was due to natural increase, 13 per cent to the arrival of immigrants reaching Canada between 1941 and 1951, and 53 per cent to other migrants.

The Canadian population may be compared to a pool of water: the flow of water entering and leaving the pool is at present of little importance, but the water is still boiling around within the pool.

Criteria for Educational Measurement

SISTER MARY FELICITAS, M.Sc.

THERE ARE THREE essential characteristics of a good examination: validity, reliability, and usability.[3]

Validity is the most important since it refers to the truthfulness of the instrument — that is, does the examination measure what it is intended to measure? The expected outcomes of a course are stated in its objectives, therefore a valid test will be based on these objectives to ascertain whether they have been achieved. An examination is a sampling of the student's knowledge. In order to be valid, the sample must be large enough to cover the important areas of the course. A short examination places a high value on the particular area covered but tells nothing about other, equally important areas.

The *reliability* of a test is the extent to which it is consistent, by measuring the same thing in the same way each time. Increasing the length of a test increases its reliability, provided the items added are equally good. *Objectivity* is another important factor contributing to the reliability of a test. It is the extent to which personal judgment is eliminated from a situation, so that the same person at different times, or a different person of equal competence, would make a similar interpretation of the test or give it a similar rating.

Both validity and reliability refer to the accuracy of the measuring instrument and are most important. There are methods of calculating these statistically, when the scores for each individual test item are available.

Usability views the examination from its practical aspects. It should be readily administered and scored, with a minimum of student time required for answering each item and a minimum of teacher time for efficient scoring. Various books dealing with measurement in education contain excellent suggestions for improving the practicability and mechanical make-up of examinations.

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PRESENT-DAY EXAMINATIONS

To what extent are these essential characteristics found in present-day examinations? General education has devoted much time to studying this question in an effort to improve examinations. Two types of written tests are generally recognized — the essay or "traditional" type and the objective or "newer" type. Both have definite uses for educational measurement.

The essay question seems to be the best suited for intensive sampling, by probing the depth of the student's knowledge. The objective type is better suited for extensive sampling since individual items do not take as long to answer and a wider area can be covered. As there is a minimum of writing, more time can be spent in thinking out the answers, and more responses are possible per unit of working time. On the other hand, the essay type requires more writing. Ruch[4] states that:

> Half to three-quarters of the examination period is spent in writing words, useful enough for purposes of sentence structure, but quite valueless in conveying to the teacher any facts about the pupil's knowledge of the subject.

However, in the essay-type question, the student is allowed freedom of response. She must select the information from her own background and knowledge and express it in her own words. It shows how she approaches a problem, the points she considers important, and the conclusions she draws therefrom. Essay tests can be improved by devising questions that place this freedom of operation within specified limits.

A serious limitation of the essay examination is its subjectivity, especially in scoring. Many studies have

been made in this area. Ruch[4] summarizes seven of these which indicated wide variance found in the marking of the same paper by different teachers; in some cases variability of from 30 to 60 points was found. Weir[7] conducted a similar experiment during his survey of nursing in Canada. Answers to essay questions on a nursing subject were submitted to a number of competent instructors for correction, accompanied by a key for marking. He found great variability in the scores assigned and concluded that it was not the competency of the examiners but the system that was at fault. He considered it "humanly impossible" to evaluate essay-type questions with complete uniformity, for the standards which exist in the mind of the examiner are essentially subjective. Irrelevant factors also tend to enter into the process.

It is claimed that the essay-type question calls upon higher mental processes such as ability to organize and relate materials, as well as the extent of their integration and application.[1] These claims have not been proven. The ability to organize a piece of writing is quite involved and there is disagreement as to what constitutes good and poor organization. Furthermore, this is an extraneous factor unless it has been an objective of the course. Lindquist[1] suggests that careful analysis be made of these higher-order abilities and then tests can be devised to measure them. In fact, objective-type tests can be used to measure some of them and essay questions reserved for those outcomes of importance which objective tests do not measure satisfactorily. In his study, Sims[8] found that approximately 70 per cent of items in essay examination questions measured the same things as could have been measured by objective-type items and thus increase the reliability by eliminating much of the subjectivity.

Objective Tests

One of the chief objections to the objective-type test is that it measures memory only. It is quite valid to test for facts, if the objectives of the course included their acquisition. A brief summary of types of objective-test items will indicate their usefulness and limitations in measuring mental processes.

1. The *short answer or completion form* is characterized by a blank to be filled. It is often thought to be more valid than others because the examinee must supply an answer of her own. This is so when it involves memory for specific facts but where judgment or reasoning are involved it has been found much easier to differentiate between good and poor reasoners, on the basis of their selection of conclusions, than on the basis of their own written conclusions. Subjectivity enters into this type of item to a considerable degree. If the question is ambiguous or otherwise not well constructed, the student can easily misinterpret it, or she can give answers not expected by the examiner and yet applicable. Very careful framing of the item is required. An adaptation of this type is the pictorial form where a diagram or map is presented and the student required to label the designated parts.

2. In alternate choice the most common type is the *true-false form*. There is complete objectivity of scoring and the possibility of a wide range of sampling knowledge per unit of working time. It is useful to elicit some types of information but more items are needed for its validity and it is open to guessing. Correction formulae have been devised to nullify the guessing aspect but its use still has serious limitations.

3. *Matching form* consists of two columns, the items in one paired with a suitable word or phrase in the other, to be matched on some suggested basis. This is particularly good for types of learning in which association of two things is required in the mind of the learner, such as events and dates, persons and achievements, etc. Guessing can be eliminated to a great extent by avoiding clues, and by having more words to choose from than are required to answer all the items.

4. The *multiple-choice form* consists of a statement or question with a number of answers to choose from on a best answer or other specified basis. This type has gained in popularity as it is free from many of the inherent weak-

nesses of the other types if properly constructed. Having not less than four choices of plausible responses eliminates the factor of guessing to a high degree. It is adaptable to a wide variety of topics, and though sometimes used to measure superficial association and insignificant details, it can be used to measure complex skills and fundamental understandings. This type of item may appear to give the student too much help but it has been proved[2] that actually items become more, rather than less, difficult when transferred from short answer to multiple-choice type. In the former, a generally correct notion might suffice, while in the latter the individual must use close discrimination to select one from several plausible alternatives.

Regarding usability, the essay-type question is rather quickly constructed but the scoring of it is laborious and time-consuming. The reverse is true of the objective-type tests. Scoring can be further facilitated in the latter by having the student record the answers in a column on the right side of the page and by allowing one point for each correct answer. Where more emphasis is desired, more items should be employed, rather than to weight the scores. A key that lists all possible answers should be constructed beforehand. In the case of essay questions, it is necessary to decide how much to allow for important points in each question. It is better to go through and score one question on all papers than to score all questions on one paper completely before going on to the next one. This procedure assists the examiner to keep the important points in mind, without having to shift attention to other material.

The use of *optional questions* in examinations may seem to increase the size of the sampling but studies[6] show that they complicate the problem of measurement in an indeterminate fashion. All topics do not offer equal opportunities to candidates. Therefore if all do not answer the same questions, the grade does not accurately describe one candidate in relation to others. In fact, there are times when choice of a question may actually penalize the better student.

Briefly then, objective-type tests provide for wider sampling, are more easily and more reliably scored, and can measure many outcomes of education. Essay-type questions place more emphasis on the whole instead of on isolated parts and can be used to measure some of the higher mental processes. Essay-type questions can be improved by requiring only brief answers, directed to specific areas. In this way, the size of the sampling can be increased and slightly more objectivity acquired. If important decisions regarding individuals are to be made as a result of specific tests, they should be more valid and reliable than those not so used, and therefore must contain more items to make the samples of responses typical of what the individual knows in that area.

Scoring

Test scores of any kind are relative expressions of measurement, indicating performance on some comparative basis. There is no technique for measuring educational achievement by some absolute scale, as in the case of the height or weight of an object. In using the traditional *percentage* system of marking, the theoretical assumption seems to be that educational outcomes range from zero to perfection. It is quite obvious, however, that a person receiving 100 per cent does not know all that there is to be known in that area, nor does a score of zero indicate complete absence of the quality being measured. The score represents the number of points allowed or the number of correct responses. In order to be more easily and more meaningfully interpreted, the score is converted into a grade.

Raw scores by themselves do not mean very much; other information is necessary to make them meaningful. To say that a student received 80 on a test does not indicate whether her performance is good or poor. It depends on such factors as the difficulty of the test, the number of items, and the range of scores. Therefore it is impossible to compare raw scores on one test with raw scores on another test or even to draw conclusions from an in-

dividual score without having considerable further information. To overcome this, test users have devised various ways of reporting scores.

One method of interpretation is the use of rank — arranging raw scores from the highest to the lowest. This is not very practical when dealing with a large group; no comparisons are possible with groups of different sizes and the addition of even one score affects the remaining ones.

If the raw scores are converted into *percentiles,* a more meaningful picture is obtained. A percentile score indicates the percentage of individuals on the same test who have received a lower score. Thus a student in the 60th percentile received a better score than 60 per cent of the group. In the case of standardized tests, the group to which the individual is compared is not usually the one which took the test with her, but a large representative group of the same academic level. A limitation of percentiles arises from the fact that percentile scores are not equidistant; they tend to cluster around the centre and to widen towards either end. Thus equal differences between percentile points does not mean equal difference between corresponding raw scores. Also, percentile scores cannot be averaged or combined.

The problem of unequal intervals is overcome by the use of *standard scores.* A standard score indicates a relative position in the group, in terms of the distance of the scores from the average of the group. Equal differences on the standard scale represent approximately the same difference between equivalent pairs of raw scores and their relation to the mean or average. Standard scores are computed from the standard deviation of the raw score and their relation to the mean. They are comparable even when groups are of different sizes.

Does measurement in nursing education observe the principles of educational measurement as developed by leaders in the educational field? Those engaged in nursing education might well ask it but each must decide if she can rightfully answer in the affirmative.

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Victorian Order of Nurses

The following are staff changes in the Victorian Order of Nurses for Canada:

Appointments — Burnaby, B.C.: *Mrs. Patricia Stubbs* (St. Paul's Hosp., Vancouver). Dartmouth, N.S.: *Mrs. Anna McDonald* (Gen. Hosp., Glace Bay, N.S.). Montreal: *Mrs. D. A. W. Brophy* (Montreal Gen. Hosp.); *Mrs. A. C. Brown* (School of Physiotherapy, Western Infirmary, Glasgow); *M. Patterson* (Royal Victoria Hosp., Montreal). North York: *Mrs. D. Williamson* (St. Joseph's Hosp., Sudbury). Ottawa: *Helen M. Servage* (Hotel Dieu, Cornwall, Ont.). Toronto: *Joyce Tanner* (Children's Hosp., Halifax). Windsor: *Mrs. Margo Spencer* (University of Toronto School of Nursing).

Transfers — *Gladys Alexander* from Sarnia to Kingsville, Ont.; *Mary Blair* from Truro to Digby, N.S.; *Laura Einarson* from Winnipeg to Nanaimo, B.C.; *Juanita Keith* from Lockeport to Halifax; *Jean Lewis* from Halifax to Lockeport; *Vivian Sharpe* from Burnaby to Surrey, B.C.

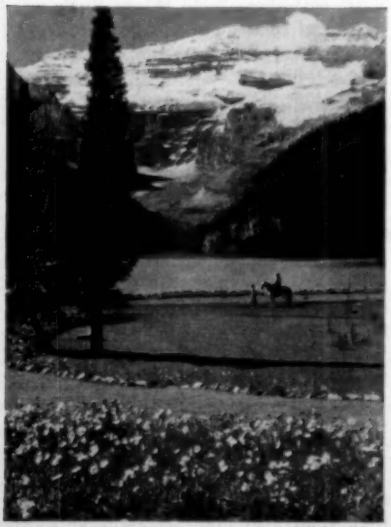
Scenic Wonders

HUGH DEMPSEY

THE BEAUTY OF ALBERTA has been widely acclaimed throughout the world in songs, stories, and photographs. Beautiful Lake Louise, the "million dollar view" of Banff from Mount Norquay, the rolling wind-swept prairies, the crystal-clear lakes hidden in the parkland forests — all these and countless other scenic beauties make Alberta the ideal tourist wonderland.

The visitor to Alberta can choose many types of scenery and entertainment during his stay. There are forests, prairies, foothills, pioneer frontiers and — probably the most important of all — there are the Rocky Mountains. The most beautiful and accessible parts of the Rockies in Alberta lie within three national parks — Banff, Jasper, and Waterton Lakes. Each has its own individual scenic wonders; each has its own appeal to visitors.

Banff National Park is the oldest, the most famous, and perhaps the most beautiful of all the national parks in Canada. It was set aside as a park in 1885 — the first in Canada — and now contains 2,564 square miles of mountains, valleys, lakes, and foothills. It is the most easily accessible of all the national parks. It lies on the Trans-Canada Highway and is served by the continental line of the Canadian Pacific Railway as well as by major bus lines.



C.P.R. Photo

Lake Louise

Some of the major points of interest in the park are the Banff hot springs, Lake Louise, the chair-lift on Mount Norquay, the Banff-Jasper Highway, and the famous mountain peaks that command the skyline of the beautiful park. Three of the five mineral hot springs have been developed by park authorities and are easily reached by good roads. At the Cave and Basin Springs, located about a mile from Banff townsite, two outdoor pools are available for public use. The larger pool has a promenade, sun-room and glass windows, while the smaller pool is suitable for non-swimmers and children.

Adjacent to the pool is a cave, reached by an electrically-lighted passage, in which a visitor may see the beautiful vase-like interior formed by the action of a subterranean hot spring bubbling up in the centre of a large pool.

The Upper Hot Springs bath-house and pool are located about two and a half miles from Banff townsite on the slopes of Sulphur Mountain. From the promenade overlooking the pool, there is a magnificent view of the surrounding mountains, valleys, and streams.

A famous name throughout the Dominion is Lake Louise. Immortalized in poem and song, the lake has been acclaimed as one of the most beautiful sights in the world. Located about 40 miles west of Banff, Lake Louise is set in a vast amphitheatre of lofty mountains, the surface of the lake reflecting the surrounding forest slopes, snow-capped peaks and every detail of Mother Nature's gorgeous craftsmanship.

Facing the lake is the luxurious

Chateau Lake Louise and nearby are other lodges and camping grounds. From this point, tourists visit the surrounding area on foot, horseback, bicycle, automobile and sight-seeing bus. Canoeing and fishing on the lake give added pleasure to the sportsman, while saddle pony excursions permit the tourist to see the "Plain of Six Glaciers" at the western end of the lake, and the "Lakes in the Clouds" 6,800 feet above sea level.

Another beautiful sight within half an hour's drive of Lake Louise is Moraine Lake in the Valley of the Ten Peaks. Overshadowed by massive mountains, the lake gleams in hues of sapphire and emerald, offering a sight that is long remembered by visitors.

A recent report by Banff park authorities gives an accurate summary of the recreations and activities available from June until September:

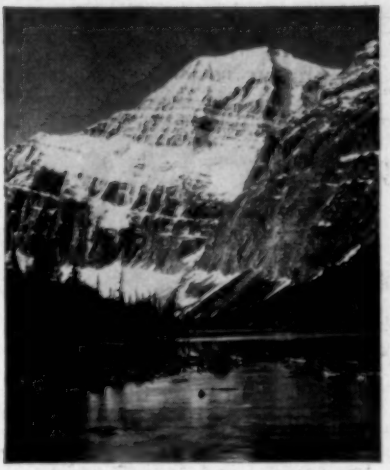
Banff National Park is a year-round resort. Favorite summer sports include hiking, riding, climbing, boating, tennis, fishing, and golf. Miles of smooth roads provide easy motoring through the mountain valleys and over the passes.

There are almost 1,000 miles of well kept trails in the park. Outfitters at Banff supply guides, ponies, tents, and other necessary equipment for outings to such places as the Mount Assiniboine, Egypt Lake, Skoki Valley, and the Columbia Icefield regions.

Banff Springs golf course, operated by the Canadian Pacific Railway, is laid out along the base of Mount Rundle in the Bow River Valley. It has four sets of tees for each hole and provides an unusual variety of play. A fine clubhouse, pro shop and the services of a professional and caddies are at the disposal of visitors.

Tennis is played on the courts of the Banff Springs Hotel or on the public courts located in the recreation ground near the Bow River Bridge. There is boating and canoeing on the Bow River and its back waters, Echo and Willow Creeks, and the mountains of Banff Park are a continual challenge to alpine climbers.

Modern methods of fish management, including restocking of lakes and streams, provide good sport for angling enthusiasts. Lake trout occur in Lake Minnewanka near Banff, and rainbow, cutthroat, eastern brook trout and Dolly Varden are found in many scenic locations.



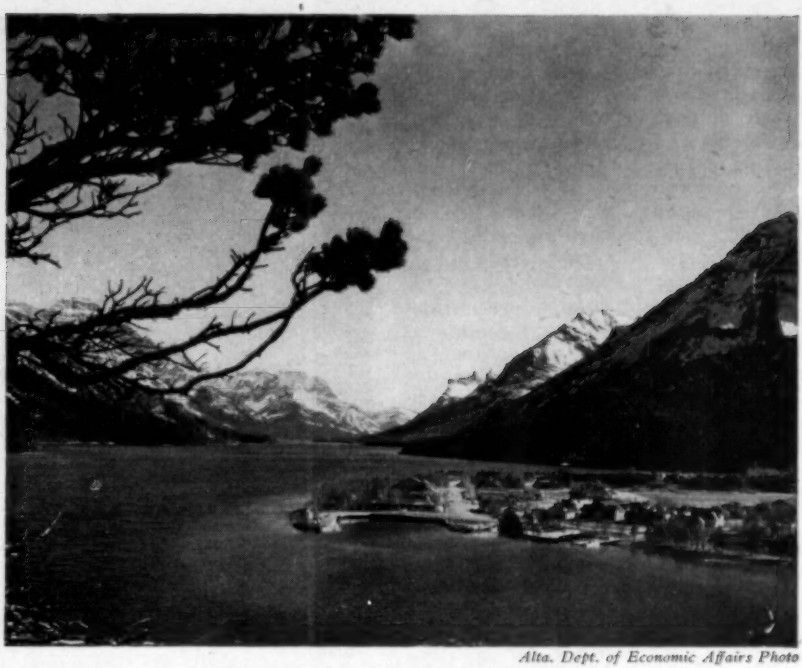
Alta. Dept. of Economic Affairs Photo

Mount Edith Cavell, Jasper National Park

As the result of sanctuary conditions which prevail, wildlife is abundant in Banff National Park. Within its boundaries are specimens of all big mammals native to the Rocky Mountains, including bighorn sheep, mountain goat, mule deer, elk, black and grizzly bear, cougar and coyote. Bands of mountain sheep are often observed along the park highways and moose grub for tubers in the shallows of mountain lakes.

Immediately north of Banff is Jasper National Park — the largest in Canada. It is reached by the transcontinental line of the Canadian National Railways by highway from Edmonton, and by the Banff-Jasper Highway.

The latter route is a popular one for tourists, as it passes through some of the most beautiful parts of the Rocky Mountains. Starting from Banff, it follows the valley of the Bow River to Lake Louise, then northward to the river's terminus at Bow Lake. From here the highway crosses over to the Mistaya River valley, passes Waterfowl Lakes and Mount Murchison before reaching the North Saskatchewan River. Following the valley, the



Alta. Dept. of Economic Affairs Photo

Waterton Lakes, Waterton National Park

highway threads through Sunwapta Pass where the visitor can see the beautiful Panther Falls taking a sheer drop of 600 feet to the floor of the valley. At the summit of the pass is the entrance to Jasper National Park.

Continuing westward, the visitor reaches the famous Columbia Icefields. This huge expanse of snow and ice is estimated to be more than 100 square miles in area and is the largest of all the glaciers in the Canadian Rockies. Farther along the highway is the Athabasca Glacier, second only to the Columbia in size. Beyond the glaciers, the highway passes such sights of incredible beauty as Sunwapta Falls, Athabasca Falls, and the numerous mountains bordering the Athabasca River valley.

Jasper itself offers many scenic wonders, such as Mount Edith Cavell, Pyramid Mountain, Maligne Canyon, Miette Hot Springs, and Lac Beauvert.

The third park in the Rockies of Alberta is Waterton Lakes National Park, which forms a part of the Waterton-Glacier International Peace Park. Located in the southwest corner of Alberta, the park is accessible only by highway, thus limiting its resources to persons with automobiles or those who choose to visit it by bus.

The townsite is unique in that it is the only one in Alberta which contains within its town limits one of the park's most popular sights, Cameron Falls. This beautiful cascade is a popular gathering spot for tourists and fishermen. Other thrilling sights within the park are Red Rock Canyon, Pass Creek, Hell Roaring Canyon, Lake Linnet, Akamina Highway, and Cameron Lake.

Away from the Rockies and beyond the rolling foothills, the tourist can find many other enjoyable sights in Alberta. One of the most popular is the famous Calgary Stampede, scheduled this year for July 5 to 10. This is the week when the prairie city takes on a purely western atmosphere, when cowboys from all parts of Canada and the

United States compete in the various riding, roping and bucking competitions. Following the stampede, the colorful Indian Days are held at Banff, when the Stony Indians set up their tepees and put on another real western show.

Alberta welcomes its visitors and treats them in the neighborly style of the old west.

A Survey of the Victorian Order of Nurses for Canada

M. Christine Livingston

In February, 1952, the Board of Governors of the Victorian Order of Nurses for Canada believed that the time had come to take a close look at the activities of the Order. A Survey Commission was appointed with the following authority:

> To make an immediate survey of the Victorian Order of Nurses, its status, activities, and relations, with a view to bringing about such changes in the Constitution, By-laws and Procedures of the Order as are necessary or desirable in conformity with the growth and constitutions of Canada and the Provinces, with modern business practices, with professional advances, and with public health needs, and conducive to the efficiency, progress, development and permanence of the Order as a factor of Canadian life.

The Commission was composed of the Honorable Wilfrid Bovey, Q.C., O.B.E., LLD., F.C.I.S., chairman, Montreal; Justice Colin Gibson, M.C., P.C., Toronto; Mrs. Jack Pembroke, Montreal; N. L. Burnette, D.Sc.S., Ottawa; and Dr. G. Edgar Hobbs, B.A., M.P.H., London, Ontario. An assessor was appointed in each province who also attended the sessions as a member. All of these people served on the Commission voluntarily during the Survey which required one year's time to complete.

A member of the national nursing staff, Miss Hazel Miller, was released from her supervisory duties to act as the executive assistant to the Commission. She attended all sessions, assisted in their preparation and in tabulating information received.

Sixty-two meetings were held in various places across Canada which required the individual members of the Commission to travel a total of 66,595 miles. In addition, impressions about the work of the Order were obtained from a wide group of both official and voluntary health and welfare bodies. Meetings were held with representatives from the Canadian Nurses' Association, Canadian Medical Association, Canadian voluntary health and welfare agencies, Dominion Council of Health, and provincial departments of health.

Sessions were held at which Board members from Victorian Order branches presented their opinions. A group representing the nursing staff also met with the Commission.

A report of the findings was completed one year after the Survey was undertaken and represents more than a hundred hours of formal deliberation by the Commission. It is a condensation of opinion expressed by those who appeared before the Commission, as well as the judgment of the Commission itself on subjects deeply affecting the welfare and operation of the Order.

The president, Mr. E. P. Taylor, C.M.G., appointed a special committee to examine the recommendations and comments contained in the report. This committee, functioning as a working party, held three meetings and it was

Miss Livingston is Director in Chief of the Victorian Order of Nurses for Canada. Her office is in Ottawa, Ont.

agreed that the recommendations in the Survey Report fell into three broad categories:

Amendments to the Charter.

Recommendations that might be dealt with immediately.

Recommendations that would require further study.

The Committee appointed Mr. Jack Pembroke, C.B.E., to present a report to the annual general meeting of the Board of Governors held in May, 1953, and the first recommendation accepted was that the Order seek a series of amendments to the Charter by an act of the Parliament of Canada.

The chief amendment to the Charter provides for incorporation on a provincial and branch basis in accordance with a common pattern. The object of this amendment is to clarify the question of legal liability. Another amendment authorizes the establishment of a Council of Nurses to provide a means of communication by a representative group between the nurses and governing bodies of the Order. The titles of the senior nurses are changed in the amended Charter to: Director in Chief, Assistant Director in Chief, Educational Director, Regional Directors and District Directors. The amended Charter also provides for a change in the method of appointing members to the Board of Governors to allow for a majority of the members to be appointed by the branches.

In addition to the amendments to the Charter, other recommendations of the Survey Commission were accepted by the Board of Governors. It was agreed that whereas the Order performs a magnificent essential service to the people of Canada, ways and means must be found to extend its work, not only in many centres where it now operates but also in places not yet served by the Order.

The Survey Commission made recommendations concerning the responsibility of the Order for the coordination of the work with hospitals to relieve the shortage of hospital beds and for the extension of hospital home care plans.

The findings of the Commission made it apparent that the factors limiting the development of the full potential of the Order in Canada are: inadequate finances and a shortage of nurses. It is also evident that an expanded program of public information is of paramount importance if the work of the Order is to be extended and the necessary financial support to be found to make such extension possible.

The Board of Governors unanimously agreed with the recommendation of the Survey Commission that all concerned with the Victorian Order of Nurses continue in their faith that we have inherited from our predecessors and must pass on to our successors a live and dynamic organization of great present value and inestimable potential value to the people of Canada.

Going up ! ! ! "Everything is going up!" Well, the rain is still coming down; there is no tax on sunshine, or the red and gold and brown of autumn leaves or on the snow that makes a mountain's crown. "Everything is going up!" But birds' songs cost no more; no 10 per cent for luxury on the jasmine round the door and moonlight in my garden's as inexpensive as before. "Everything is going up!" But the price of joy's the same; it costs no more to work or sing, or fan the ancient flame of love; and to a comrade's smile we still may stake our claim. "Everything is going up!" Come, come what is that you say? The things that really matter cost just the same today. The broad blue sea, the mountain tops, the trees, the rain, the sky; they are tax exempt forever. Oh lucky you and me!

— *The Speakers Library*

To Be or Not to Be

KATHARINE VAUGHAN

SCENE ONE

General operating room — Hospital anywhere.

"Clamp" — "Sponge" — "Clamp" — "Deep retractors."

Hesitation — the nurse scans the instrument pan desperately.

"Deep retractors — quickly."

"Sorry, sir, I have none here — "

Tension mounts in that pale green, air-conditioned room. An interne moves to the table and pokes hopefully through the instruments. Tears appear in the nurse's eyes. The gallery sits tensely.

The anesthetist glances at the surgeon and lowers his head again to his patient.

"Get the supervisor. Be quick!"

* * *

SCENE TWO

"Good morning, Miss Grey."

"Good morning, doctor. Aren't you early?"

"Not at all. Isn't this my patient?"

"Oh, no sir. This is a cholecystectomy for Dr. Jones. Your case is at noon."

"At noon!" . . . Indignant, infuriated roar.

"I booked that case myself and definitely for eight o'clock. I'll see your supervisor at once."

* * *

SCENE THREE

Nurses' dressing room — A group of nurses are scrambling into scrub dresses and operating room caps. At the doorway, three or four of them stop to quickly scan the weekly schedule of hours off duty.

"Great heavens! Did you see this? I work 10:30 to 7:00 three times this week! I simply will not take that! Some one else can do it for a change!"

"Oh, c'mon, Brownie — don't look so glum!"

"I'm not glum. I'm furious — I don't have to work here. There are lots of other jobs. I'm going to get some 7:00 to 3:30 hours or I'm leaving!"

"Better tell the supervisor that."

"I intend to — and right now!"

* * *

These three scenes, occurring at exactly the same time, in three different rooms of any general surgery, are typical of any morning in any modern hospital. The supervisor, as she emerges from her office, is apt to be confronted by three angry assailants, descending upon her from different directions. This is only the beginning of an average day for her!

To be or not to be — an operating theatre supervisor. That is the question! What characteristics does a nurse require to fit her for this exacting kind of work? Beyond the fact that she can produce a framed certificate indicating she has had a post-graduate course in operating room technique and procedure, what does she need to know? How can she learn to cope with all these thunderheads that tend to loom simultaneously on her horizon? Should she be a hard-boiled, stern disciplinarian or a gracious hostess-type of individual? What makes an operating room supervisor?

The first and most outstanding characteristic one would look for would be strength — strength of body, strength of mind, and strength of spirit. Very often her working day will run over the famous and triumphant eight-hour line. She may miss an occasional meal. Frequently she will miss the morning cup of coffee. Perhaps the afternoon tea break will be denied her, too, on occasion. She must be strong physically to stand the pace that the demands of a busy operating department inevitably make upon her. In some of the less well staffed hospitals, she must be prepared to take her turn when emergency operations have to be handled at night.

Miss Vaughan was formerly operating room supervisor at the Sherbrooke (Que.) Hospital.

While she must be strong physically, her mind must be her arsenal of fortitude and endurance. Trained to make judgments quickly and accurately, keenly observant and understanding, far-thinking and fast-thinking, she has reached the emotional maturity of an adult mind.

Her spirit must be rich in love for her work of service. She must, indeed, possess the three "C's" — Charity, Cheer, and Confidence.

It is usually noted that human beings are blessed with five senses — hearing, seeing, smelling, tasting, touching. Those are the physical senses. A good operating room supervisor needs a lot more. For instance, a *sense of humor* is not only a good thing to have — it is downright essential. This sense has averted many a seeming catastrophe in operating theatres. It is more than simply the ability to "see a joke." It gives the nurse buoyancy, a feeling of true optimism, even in the face of apparently insurmountable difficulties.

She needs a *sense of balance* — understanding to temper the steel of discipline. A rule must needs be flexible, at times, but in order to permit this, the rule must be in the hands of a wise and shrewd supervisor.

Tolerance is essential, bearing in mind that it means a willingness to make allowances for the failures of others — not just being casual or indifferent. It must be extended to the patients, to the surgeons, and to all workers in the department. It takes knowledge, understanding, and keenness to know when it is right to be tolerant or when a firm stand must be taken.

The "super" supervisor adds kindness, consideration, dignity, courtesy, integrity, friendliness, interest, diplomacy. Even charm finds a place in the aseptic atmosphere.

These, then, are the desirable characteristics of the woman who would make the efficient management of the operating theatre her chosen field of nursing. The three brief scenes sketched above indicate the triple-headed nature of the responsibilities the supervisor carries — to the patients, the doctors, and to the nurses. She takes pride in the realization that the surgeons and the anesthetists have confidence in her ability to meet emergency situations, to settle disputes amicably, to exercise a fair and reasonable degree of discipline among the theatre personnel. She realizes her responsibility for the nursing care of patients during the time they are in the theatre. She teaches the practical aspects of the operating room activities to the nurses, including the details of patient care, the proper handling of apparatus and instruments, the intricacies of sterilization, and the use of various drugs. It is not enough that she herself be proficient. It is most necessary that she be able to pass on her factual information and her appreciation of the important skills to the students as they are assigned to the operating room. Let us consider, briefly, the supervisor's role as a teacher.

In her first experience as a teacher, it is wise to instruct exactly as she has been taught. She will learn much by each lesson she gives. She will acquire her own techniques and develop her individual personality as a teacher.

Due consideration must be given to the types of girls with whom she is dealing and the amount of time allotted for classes. She must have her material well prepared for presentation and foolproof against any precocious questioning. A college graduate may sit, side by side, with a girl from the farm. The difference in their background of knowledge is immediately obvious. Explanations must be sufficiently interesting to attract and hold the college-trained mind, yet clear and simple enough to lead on the less tutored brain. This calls for a thorough knowledge on the part of the teacher and an appreciation of the need for adequate subsequent supervision.

One often-neglected angle is the matter of good manners in students. The supervisor must, by her own example, demonstrate that a smoothly running operating room floor very often depends on the courtesy and good manners of its staff.

Most frequently, student nurses are nervous and awkward during their first

experience in the operating room. A kind word, praise for a small thing well done, understanding in an unfortunate situation, patience, a bond of liking and mutual trust, will change the student from a frightened, clumsy and resentful girl into an alert and trustworthy surgical nurse.

In the actual techniques, of course, the teaching and supervision depend upon the size of the operating room and the duties and responsibilities inherent in the supervisor's job. She must emphasize the traits of honesty, cleanliness, patience, and willingness to learn. Perhaps the backbone of the teaching is that in the operating room there is no middle road. An instrument is sterile or it is not sterile. The nurse did such-and-such a thing or she did not.

There is not space enough here to go into all that could be taught to students in the operating room. It is the one part of all hospitals that seems to hold to a certain uniformity of teaching and activity. Once the technique of setting up a room in preparation for surgery has been mastered, that same technique, with few minor changes, holds good throughout the nursing world.

I have attempted, feebly enough, to give a brief answer to the question — to be or not to be. Any nurses who are interested enough to take up postgraduate work in operating room supervision will find it rewarding and immensely stimulating. The work there is ever important, hand in hand as it is with the progressive developments in the surgical field. Life will be active, varied, and rich in satisfaction.

Silence is NOT Golden

One of the most irritating aftermaths of almost any nurses' meeting is the way people explode volubly after everything has been voted upon and settled. They sit right through the meeting in profound silence, apparently nodding their approval as each piece of business is discussed. After adjournment they huddle in groups and start to pour scorn on everyone — their friends because they did not argue with more force; their enemies because they held conflicting views. Chances are that during these blasts someone will complain "Why on earth didn't you get up and say all this during the meeting?"

There are some excuses for this "talkative" silent one. In all probability she is not an experienced speaker. Maybe her words dry up as soon as she is on her feet. Maybe confusion clouds her thoughts and plays havoc with her grammatical constructions. Maybe her mental processes do not work as quickly as those of some other people. She may need all her concentration to digest what other speakers are saying and cannot rapidly marshal her own thoughts and arguments.

Though others may excuse her, that nurse must not be so generous to herself. Why is she invited to sit in on discussions, to represent her organization? Occasionally it may be because she is the only person available. More often it is because of her experience and the understanding of problems that experience must have bred in her mind. But silent thought is valueless in a discussion. It must be vocal or she might as well go shopping! Let us remember at the Banff Convention that silence is leaden, not golden.

I believe that to preserve freedom we must maintain intellectual freedom and that tyranny or counterfeit philosophies of oppression cannot stand against the vigilant lobby or an educated people. Hurricanes of false propaganda will not blow down the ramparts of the free mind.

— JOHN G. DIEFENBAKER

* * *

We make a living by what we get, but we make a life by what we give.

— M. EWAN

Industrial Nursing

Bilingual Division of Industrial Nurses

MARY BURTON

THE B.D.I.N. of the Association of Nurses of the Province of Quebec is celebrating its fourth birthday on May 4, 1954, by initiating this series of articles on industrial nursing activities.

Four years ago, 40 industrial nurses of this province met to hear the findings of an interim committee set up to seek ways and means whereby industrial nurses of Quebec could have their own organization. Today there are 400 industrial nurses in the province of Quebec. Some of the original aims and purposes are only now emerging as live possibilities.

Last February, the B.D.I.N. held a "24-hour institute" with several ideas in mind. One was an attempt to provide for the out-of-town nurses; another was to help the nurse who works entirely on her own. A week-end was chosen for this experiment. Friday evening the session opened on an informal note. The executive and social committee escorted speakers on a tour of the exhibits, beginning with the Demonstration Clinic prepared for this occasion by Miss McCutcheon of Canadian Industries Limited and Miss Ann Peverley, assistant professor of public health nursing, McGill University. Trim and efficient, this set-up contained all of the equipment required in a normal industrial clinic. Though concentrated in one room, the several units such as waiting-room, office and record unit, examining and treatment units all told their own clear story. The specially designed work-table atop the waist-high refrigerator was of especial interest for its eye-giving pleasure as much as for its usefulness. Trim and neat, too, was the uniformed nurse, a recent arrival in the ranks of the industrial nurses of Quebec, from the Montreal Locomotive Works Ltd.

The Library exhibit, under Miss A. Rutherford of Imperial Tobacco Co. of Canada Ltd., contained mainly English textbooks loaned to us by the J. B. Lippincott Co. There were two textbooks in French from the A.N. P.Q. office and an excellent French-English medical dictionary from Flammarion Paris-Montreal Ltée. Featured here was the clipping-book compiled by Mlle M. Caron of Wilsil Ltd. On public view for the first time it gave many nurses an insight into our growth in public print. *The Canadian Nurse Journal* posters, journals, and an outline of the history of the *Journal* were also displayed here by Miss Elaine Corbett, chairman of the Quebec C.N.J. committee.

While the guests were making their tour nearly 100 nurses were assembling in the auditorium. Under the chairmanship of Mlle Andrée Laberge, the meeting opened with greetings from the provincial Minister of Health, Dr. Albini Paquette, conveyed to us by our old friend and mentor, Dr. F. J. Tourangeau, who directs the Industrial Hygiene Division of the provincial Health Department. Greetings from the C.N.A. were presented by Miss Frances McQuarrie. From McGill University greetings were presented by Miss Rae Chittick, her first visit to us since taking up her post here.

The principal guest of the evening was Mr. J. B. White, vice-president, Aluminum Company of Canada Ltd., who outlined something of the problems and history of a vast and widely scattered company that meets its medical problems by means contingent upon the territory in which an industry of its size and scope finds itself. Mr. T. H. Miller and Mr. Paul Cooke, joint

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Miss Burton, who is secretary of the B D I.N., is with the Canadian National Railways.

managers of the Association for the Prevention of Industrial Accidents, discussed accident prevention following which they presented a film, "An Accident Happened to Sam."

While this meeting was going on in the auditorium, the Social Committee and the publicity convener entertained the representatives of the 14 exhibiting companies and discussed plans for future meetings — costs, size and extent of display, their value to industrial nurses, many of whom are their own purchasing agents. The industrial nurse who works alone, who makes her own decisions regarding materials to be used in her clinic must be fully aware of the value and the costs of the materials presented to her by these exhibiting companies.

At the close of the general meeting, guests, exhibitors, committees, and registrants enjoyed the hospitality provided by the makers of Borden's Instant Coffee. George Weston Limited supplied the biscuits through Miss Gagne, their company nurse in Montreal, a member of our Social Committee.

Saturday morning Miss Lavallée and the registration committee were at their posts at 8:30 a.m. to help get the breakfast meeting, held in the Aviation Building, under way. This meeting was chaired by Miss Ève Merleau, president of A.N.P.Q. Miss Anne Burns came from the Nutrition Division of the Department of National Health and Welfare to discuss "Nutrition in Industry." The Purchasing Agents Association of Montreal provided a panel group under Mr. E. Fitzgerald of Bowater's Canadian Paper Co. Ltd. This gave an opportunity to the nurse who works alone to gain an insight into ways and means of the purchasing of supplies.

It was a beautiful morning. The nurses who got up early to attend a breakfast meeting on their day off deserved the many compliments that came their way. Well groomed and smartly dressed it might have been a fashion show rather than a professional workshop! A sad note, that reminded us that our profession is always with us, came when Dr. C. D. Shortt had to leave to attend a patient on a train in the Central Station below the airlines' dining room. Dr. Shortt missed breakfast and the patient did not survive his heart attack.

The Saturday afternoon round tables were hard work especially for the speakers who conducted the small groups. Small in numbers but not in ideas each of the speakers felt the urgency of the questions fired at them by the members. The groups were made up as follows:

Session 1. The Demonstration Health Centre — led by Miss Peverley.

Session 2. Mrs. Rita Martel discussed the organizing of a company health service, drawing on her own experience of 10 years with Canadair Limited, Cartierville.

Session 3. Miss Mildred Walker helped the nurses understand methods of organizing into district groups. Quebec City is organized under the chairmanship of Miss H. Matte, R.R.C., of the Defence Research Board, Casier Postal 1427. Others in the Sherbrooke area, Shawinigan, Asbestos and Arvida, to name a few districts, agreed to go back and investigate the possibilities of forming local groups.

Session 4. Unemployment Insurance. The fact that industrial nurses pay this type of insurance while other nurses do not was but one of the points that came under discussion. Registration for employment in industry, after having paid into this scheme, was another thorny point.

Session 5. Workmen's Compensation. Mr. Noel Laroche of Quebec City discussed this ever-present problem in industrial medicine. Many of the nurses felt they needed to be brought up to date.

Session 6. Miss Maunsel of the McLennan Travelling Library, Macdonald College, explained the practical use of a rotating library. Many excellent suggestions came from the nurses themselves.

The closing address on "Industrial Relations," given by Mr. Louis Philippe Brizard of the University of Montreal, Industrial Relations Department, was a well thought out and well delivered paper, given in both languages with equal persuasion. At this time Mlle G. Charbonneau brought greetings from U. of M. Miss Olive

Bell, vice-president B.D.I.N., was in the chair.

The institute closed with a well attended cocktail party. Dr. K. E. Dowd, chief medical officer for the Canadian National Railways, and Dr. E. Turcot, director, medical services in Montreal for Imperial Oil Ltd., were guests of honor. They were enthusiastic in their praises of the industrial nurses of Quebec. We felt rather pleased with ourselves too! We found out by this experience that it is as hard work to do a 24-hour institute as to put on a three-day affair; that expenses are increased rather than lessened by the very effort of such concentration. Our expenses and our revenue balanced at a little more than $600. We could have cut some corners and made some profit but this did not seem to be the time to do it. We are growing up. With an increasing membership it is time we gave some thought to the future.

It is still difficult to ascertain the most suitable type of adult educational program to meet the needs of the greatest number of nurses in industry. McGill University and the University of Montreal have both indicated their willingness to help us in the matter of courses but the B.D.I.N. must study ways and means of assisting the nurses to educate themselves, management, personnel bodies, public and industrial relations groups, and their professional associates on the extent and usefulness of nurses in industry.

A Day in Africa

EMILE STEWART

BEBALEM, at any time of the year, is hot because we are just 8 degrees north of the equator. I believe that March is the hottest month of all for the air is laden with moisture even though the ground has been parched for the past eight months. Not a drop of rain has fallen in all that time. During this month we try to get our work done at least an hour earlier than usual.

We are out of bed at 5:00 a.m., dressed, and out to see what there is in the garden to provide nourishment for the noonday meal. Then to breakfast and off to the dispensary. Already there are many gathered, waiting for treatment and many are coming along the paths leading from the native village just a mile away. After morning devotions I start rounds among the in-patients. Twenty huts have to be visited. Temperatures have already been taken by the boys in charge. The dressings on the ulcers are inspected. Weights are adjusted on the extensions for a broken leg. Penicillin injections are given to pneumonia patients. Those suffering from burns are assured that their injury will heal under the dressings and when the bandages can be taken off they will be able to go home.

Back I go to the dispensary to see the new patients who have come for the first time. How I long to be able to pick up a telephone and ask a doctor what diagnosis to make! Unhappily, the doctor is 35 miles away and the patient refuses to go to the government hospital. It is in town! He is willing to come to us because we are out in the bush lands.

At this time of year the meningitis isolation camp is in full swing. This camp is a half-mile from our dispensary so we mount our iron horses (bicycles) and visit the camp. More patients have been admitted during the

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Miss Stewart, a 1942 graduate of the General Hospital, Stratford, Ont., was president of the Stratford Community Nursing Registry prior to taking a post-graduate course at the University of Toronto. In 1948 she left for Switzerland to study languages and nine months later went to French Equatorial Africa.

Public Health Nursing

A Health Service for Teachers

CLARE FRANCKUM, B.A.

THE PROVINCE OF QUEBEC passed an amendment to the Education Act in 1941 requiring all teachers to have a chest x-ray and an annual medical examination. The Protestant Board of School Commissioners of the City of Montreal arranged for and financed the x-raying of its entire staff in groups. The staff at that time numbered over 1,200, including supervisors, principals, teachers, office assistants, caretakers, maintenance and cleaning personnel. The Montreal Department of Health supplied forms and offered free medical examinations in school. A few teachers preferred to have the forms filled in by their own doctors at their own expense. Reports of x-rays and medical examinations were sent to the School Board.

To cope with these reports a health service was set up in 1942 in the Administration Building on the recommendation of the late Dr. Grant Fleming who was director of the Department of Public Health and Preventive Medicine at McGill University. The part-time services of a physician as health adviser and the full-time services of a public health nurse as staff nurse were acquired. X-ray reports were reviewed. Suspicious films were retaken and referrals made to chest specialists when necessary. All new employees were examined by the health adviser. Annual medical examinations were still carried out by the Montreal Department of Health. Their recommendations were carried out and referrals made by the health service. Health records were kept by the staff nurse and visits made to sick employees when necessary.

During the past eight years ten other local School Boards have amalgamated with the Montreal Board to form the Protestant School Board of Greater Montreal. The staff now numbers over 2,000 scattered over a wide area in 75 different buildings. The health service has expanded, too, since the appointment of Dr. R. P. Vivian, chairman of the Department of Health and Social Medicine at McGill University, as medical consultant. A secretary and a record clerk were added to the health service staff. In addition to the staff nurse, six other nurses were engaged to look after pupils' health in the outlying schools where no municipal health service was available.

A first aid department is maintained in the Administration Building mainly for the needs of the stores and shipping departments and the lunchroom staff. Sickness and absenteeism records are kept for all employees. Annual chest x-rays are arranged for the entire staff. All new teachers are examined at the Board's expense at the beginning of each school year. Temporary examining centres are set up in schools in each district where annual medical examinations are conducted for teachers from schools in the surrounding area. The cost to the teacher for the annual examination is $2.50 but they still have the option of going to their own doctor at their own expense. Portable examining tables, screens, lamps and laboratory equipment are used in these temporary centres which are usually located in high school medical suites. Qualified physicians are employed on a part-time basis. Usually young doctors starting out in practice are the most readily available. Sometimes doctors in post-graduate studies at McGill University can spare a few hours at a time. Examinations are conducted from nine o'clock in the morning until noon and from one until four o'clock in the afternoon. A laboratory

Miss Franckum is nurse for the staff of the Protestant School Board of Greater Montreal.

technician is employed for blood tests and urinalysis.

Three simple forms are used to record the history, laboratory and physicians' reports. The staff nurse makes appointments, keeps records, and does the weighing and eye testing. A floater nurse is usually available from the pupils' health service to help out with these tasks and to assist the doctors. Two doctors are employed at a time, working in separate rooms or cubicles. Schedules are arranged so that each doctor examines three teachers per hour. In that way 36 to 40 teachers can be examined in one day. Appointments are made so that one teacher only is away from each school at a time.

The records are tabulated at the end of each school year. Suspicious chest x-rays are repeated. Referrals are made to family doctors or specialists when necessary. It would be impossible for one nurse to visit all sick absentees, especially in the season of colds and influenza. Home or hospital visits are made by the staff nurse on request of the school principal or to those whose families are living outside the city. The purpose of the visit is to make sure that the person is receiving adequate medical attention and to find out the approximate length of absence. The probable date of return is important to the school principal when employing a substitute teacher.

All medical information regarding the health of individual teachers is confidential to the health service staff but cooperation with other departments is necessary in supplying statistical information. The Board allows teachers a certain number of days for sick leave during the year. These cumulative days are referred to as the "bank of days." Teachers absent more than five consecutive days are required to submit a doctor's certificate.

So far the health service has not been able to demonstrate a reduction in absenteeism but that is the goal. Through contacts during medical examinations the health teaching of doctor and nurse should eventually show results in terms of better health. Due to the rapid turnover of staff these results are difficult to estimate. In the past, student teachers were not aware of health problems pertaining to themselves. As teachers they did not apply the health lessons they taught. Now with bombardments of health education from radio, screen, platform and press, the teacher of the future should be able to practise health and to inspire pupils with a desire for healthful living.

A Day in Africa

(Continued from page 378)

night and those who are to be discharged have to have all their possessions disinfected. Then home to lunch and siesta for an hour.

During the cooler hours of late afternoon the sick in the village are visited. On the way we stop at the local wells to chat with the people or we go to the cotton fields where many are working and invite them to church.

The day sometimes ends with a bath and dinner but, more often than not, there is a loud cough outside the door. Someone has carried a patient for many miles or brought them on horseback — perhaps with a snake bite or some other illness. With the Coleman pressure lamp we again start to work.

Fortunately in hot Africa, as soon as the sun goes down the sands cool off. We are really refreshed after a good night's sleep in the lowered temperature.

It is a good idea to start your suntan this month, by "sunning" for ten minutes daily for the first week, 15 minutes the second week, and so on. By summer, a tan will have been acquired painlessly.

We know very little about hiccups but for some strange reason persistent attacks are considerably less common in women than in men. No one can yet explain why.

—SIS: Medical Features

Staff Orientation Program in a School of Nursing

DORA PARRY

FIVE YEARS AGO we were becoming aware of the fact that conditions regarding staff nurses were changing. Nurses for night and evening duty were unavailable and a rapid turnover of staff seemed inevitable. Because of these conditions a rotation system was inaugurated which increased the time on day duty for junior staff to 14 consecutive weeks on any ward as assistant head nurse, with two weeks on each of night, evening, and relief duty. The majority of nurses who came to the "rotation staff," as it was called, were new graduates without experience or preparation. A need was felt by the nursing staff for better orientation of new members.

Further explanation regarding the rotation might be helpful before giving details of the Orientation Program. Ten assistant staff nurses rotate as assistants in the daytime on the wards, and on night and evening duty as follows: 2 weeks, 11:30-7:30 a.m.; 2 weeks, 3:30-11:30 p.m.; 2 weeks relief and 14 weeks day duty on any ward. This means that every two weeks an assistant goes on night duty as one comes off after completing her tour and the latter goes to the ward presently vacated. Head nurses are permanent.

An Orientation Program Committee, formed within the Staff Nurses' Association, was composed of staff assistants, head nurses, teaching supervisors, and the director of nursing. The committee met once a week until the plan was completed.

Miss Parry is director of nursing, Children's Memorial Hospital, Montreal, Quebec.

AIMS OF THE ORIENTATION PROGRAM

1. To present a clear "job" definition and explanation of personnel policies as practised in the institution, in order to help eliminate dissatisfaction that might exist among staff members through misunderstanding.

2. To help a nurse adjust to new situations more rapidly and more adequately.

3. To provide better service to the institution.

Pre-employment orientation: This is accomplished by a letter and copy of personnel policies from the director of nursing to the prospective new staff member, outlining policy regarding the following:

(a) Hours of work.
(b) Salary.
(c) Vacation.
(d) Extra time off duty for statutory holidays.
(e) Sick leave and hospitalization — health plan.
(f) Registration requirements.
(g) Staff Nurses' Association.
(h) Uniforms.

Steps in program from time of arrival: 1. Arrangements are made for the housekeeper in the residence to receive the staff nurse.

2. The meeting with the director of nursing takes place at eight o'clock the first morning for a short discussion of the Orientation Program.

3. Tour of hospital — with the director of nursing or her assistant. This includes a visit to all departments and wards. The new member is introduced to the person in charge of each department with a few words concerning the function of each. A mimeographed sheet is provided for each new staff

member with the names of the heads of departments, to be used for quick reference and not as a substitute for the tour.

4. A conference with one of the teaching supervisors to discuss the plan of orientation, which includes ward administration and special ward techniques.

5. A visit to the classroom usually comes several weeks after arrival but before the nurse goes on shift. This includes a conference with the head of the teaching department to discuss the following:

(a) Explanation of affiliation and background of students' experience.

(b) Rotation of students through various wards.

(c) Material covered in students' classwork. The content of the course is made available in mimeographed form.

(d) Responsibilities of the new staff nurse toward a student, depending on her position.

(e) Methods of student evaluation.

(f) Explanation of our staff education program, which includes lectures in psychiatry, hematology, cardiac surgery, etc., as well as outside speakers on topical subjects.

6. Conference with a member of the Executive Committee of the Staff Nurses' Association. This is undertaken by the president or vice-president. The new member is given a mimeographed copy of the Association constitution and the following points are discussed:

(a) Purpose of the Association and its function.

(b) The constitution.

(c) Meetings, when held, etc.

(d) Fees — amount, when payable, use of fees by the Association.

It should be understood that this is a very flexible program. Each section may be readily altered to suit the need of the individual in relation to content and timing, depending on her past experience and also on the position she is to fill. Further special orientation is necessary, depending on position, as outlined below:

Operating room: The supervisor undertakes the orientation of new members to her staff, explaining the physical set-up of the operating room, anesthetic routines, sterilization methods, etc.

Out-patient department: Conducted by the supervisor who explains the place of the clinic in the community and the organization and administration of individual clinics.

There is an all-graduate staff in the operating room and out-patient department and they rotate within their own department.

New head nurse: Some time is spent with the supervisor in discussing student education, this being an important part of each staff nurse's work.

Rotation and assistant staff: It is felt that a longer period of orientation is necessary here to help a new staff member adjust to shift work and to several wards at a time. While a great deal is learned on the job certain advantages may be obtained by spending a short time on each ward, as well as one evening and one night with the supervisors on those shifts. Two weeks is required to complete this orientation period and is timed so as to be completed immediately before going on shift.

The following note is given to each person the day she arrives:

Name .....

When first you come on staff you will be on Ward ..... One day during your first week you will be taken on rounds of the hospital by a member of the Nursing School Office.

On ..... you will arrange a schedule with the head nurses to go to the following departments before going on shift on .....

½ day — central supply room
1 day — infants' medical
1 day — infants' surgical
1 day — older children's medical
½ day — rheumatic children
½ day — children's surgery
½ day — orthopedics
1 day — isolation
½ day — teaching department
½ day — out-patient department
1 day — on duty 3:30-11:30 with evening supervisor
1 day — on duty 11:30-7:30 with night supervisor

SUMMARY

1. This kind of Orientation Program

should be drawn up by a representative group of staff members.

2. It should cover all phases of work and some off-duty activities.

3. It should be flexible and suit the needs of the new staff member.

4. Everybody should participate and accept responsibility for its success.

5. Frequent revisions are required and records should be kept.

Acknowledgement: Much credit for the original Orientation Program should be given to Jean (Thirlaway) Marchuk who at the time it was drawn up was chairman of the Orientation Program Committee.

Go North, Young Woman!

E. PRUDENCE HOCKIN

AS OUR GREAT NORTHLAND is so frequently in the news these days I thought perhaps some information about living and nursing in the North West Territories might be of general interest.

There are only three employers of nurses in the Territories — the Indian Health Services which is, of course, the Federal Government, the Church of Rome, and the Church of England.

The Indian Health Services have several nursing stations in the Territories. Most of these are staffed by one nurse, some have a nurse's aide as well, a few have two nurses. The nursing stations are comfortable buildings with living accommodation for two people and room for about four patients. All of them have electricity and some of them have running water. Most are heated by oil. The nurses also do public health and welfare work in the community. These nurses are in touch by radio with a doctor who gives them advice regarding treatment and visits them when opportunity offers, sometimes only once a year. Some of them are visited much more frequently and have an opportunity to send patients to the doctor and hospitals for treatment. The fortunate ones in this respect are those in the Western Arctic where there is regular plane service. The more isolated stations are in the Eastern Arctic.

For those who would like to nurse Indians and Eskimo in the near North or civilization, Indian Health Services have large hospitals at Moosonee, Ont. (just at the southern tip of James Bay) and Edmonton, Alta. Most of the patients in these hospitals are tubercular but a little general work is done at both of them.

The Roman Catholic Church has five or six hospitals in the Western Arctic and one at Chesterfield Inlet in the Eastern Arctic. These hospitals are all run and almost completely staffed by Sisters.

The Church of England operates a hospital at Pangnirtung in Baffin Land, at Aklavik in the delta of the Mackenzie River, and a nursing station at Hay River which is in the southern part of the MacKenzie district. All are administered by the Bishop of the Arctic from Toronto.

Pangnirtung is situated on a fjord with beautiful mountains all around it. The white population is small — only about 15. Their correspondence is no burden as they only have three or four mails per year. The natives are all Eskimo who have had little touch with civilization. St. Luke's Hospital has about 20 beds and comfortable living quarters for the staff. It has its own electric plant, x-ray, etc. Quite a number of the patients are tubercular.

Although Aklavik is situated only 40 miles from the Arctic Ocean there are trees all around the settlement. There are about 200 white residents and life is much the same as in any small town in the southern parts of Canada. There is a very enthusiastic curling club, a little skating, dances and a movie for

Miss Hockin is on the staff of All Saints Hospital at Aklavik, N.W.T.

entertainment. Dog-teams are more plentiful in winter, canoes with outboard motors in summer, than cars but there are several snowmobiles, power toboggans, jeeps, trucks and tractors. There is a weekly plane service from Edmonton for passengers, mail, and express. All heavy supplies come down the river by boat in summer. A private power plant supplies everyone with electricity and there is a flat rate for tents and cabins which only require one light. Aklavik is a growing community and has changed greatly in the last few years.

All Saints Hospital has 115 beds and treats Indian, Eskimo and white patients. One floor of the hospital is run as a tuberculosis sanatorium while the other floor accommodates medical, obstetrical, and a small number of surgical patients. The hospital has running water and as much modern equipment as possible. There are two resident doctors in Aklavik.

I have found the Eskimo and northern Indians very interesting people and wonderful patients. I am sure that any nurse who has a real interest in nursing and a desire to help those in need would be happy in the North West Territories.

In the Good Old Days

(The Canadian Nurse — MAY 1914)

"The head nurse in this surgery has a reputation, of which she is very proud, of never having left a sponge in the abdominal cavity. Very few nurses, who have had considerable experience as an operating room nurse, can say as much!"

* * *

"There are several advantages in the new practice of using nurses as anesthetists. She is interested, not in the operation as a doctor would be, but only in her own work. It eliminates, also, the disagreeable habit of a man anesthetist passing remarks upon the operator and the operation. The nurse, naturally, becomes most proficient and most careful and accidents are almost unknown."

* * *

All of the provinces, with the exception of New Brunswick and Prince Edward Island, have organizations working for the registration of nurses . . . Manitoba had its bill enacted into law last year . . . The preamble of their Act will convey the ideal the Manitoba association had before them: "Whereas the profession of nursing the sick is extensively practised in the province of Manitoba, and it is expedient for the protection of the public that a certain standard of qualifications should be required of each practitioner of the said profession, and a certain measure of protection should be afforded to such practitioner possessing the said qualifications, etc."

* * *

"During the evening the announcement was made that a most generous donation of $250,000 had been made to the Royal Victoria Hospital (Montreal) by Mr. J. K. L. Ross, for the purpose of building a private ward pavilion, to be known as the 'Ross Pavilion,' in memory of his father, at the time of his death president of the hospital."

* * *

"It is hoped that every nurse who can possibly attend this year's convention (held in Halifax) will do so. They are all needed and they need to meet with their sister nurses and deliberate on what should and what should not be done to make our profession what it should be."

True greatness, first of all, is a thing of the heart. It is alive with robust and generous sympathies. It is neither behind its age nor too far before it. It is up with its age and ahead of it only just so far as to be able to lead its march. It cannot slumber for activity is a necessity of its existence. It has no reservoir but a fountain. — ROSWELL D. HITCHCOCK

Enthusiasm gives life to what is invisible and interest to what has no immediate action on our comfort in this world. — MME DE STAEL

Aux Infirmières Canadiennes-Françaises

Culture Professionnelle Complémentaire

Soeur S.-Louise-de-Marillac, o.s.a., B.S.

L'ERE est à l'évolution. Depuis une décade la science appliquée change avec une telle rapidité que les thèses affirmées hier sont détruites aujourd'hui par des arguments probants. Dans le domaine médical, plus qu'ailleurs peut-être, les recherches scientifiques suscitent des bouleversements réitérés.

L'étudiante infirmière apprend aujourd'hui certaines données qui renversent les connaissances de ses aînées. Un fossé se creuse entre la diplômée de 1940 et celle de 1954.

Toutefois, est-il permis à la diplômée d'autrefois de bouder ces changements et, comme l'autruche, d'enfoncer la tête dans le sable pour se protéger béatement contre ce nouvel indésirable? Non, l'infirmière tout absorbée en sa vocation doit voir grand et se considérer comme coopératrice de l'œuvre divine dans le soin des malades. Elle ne peut s'asseoir dans sa science comme dans un fauteuil mais, au contraire, elle doit être sans cesse soulevée et jetée en avant pour acquérir toutes les connaissances nécessaires au bien du malade.

A l'hôpital, des conférences de culture professionnelle complémentaire seraient organisées avec profit à l'intention du personnel diplômé. Elles permettraient de réapprendre les connaissances oubliées, d'apprendre les nouvelles données scientifiques, de comparer et d'évaluer. C'est le perfectionnement de l'infirmière qui désire faire de sa vie un véritable apostolat de charité.

On peut définir les conférences de culture professionnelle complémentaire: Une série de causeries sur tous les sujets d'ordre médical, administratif ou technique susceptibles d'intéresser et d'instruire toutes les infirmières diplômées attachées à l'hôpital. Ces conférences sont préparées sous les auspices de l'autorité hospitalière. Elles se donnent suivant la méthode discursive.

Sœur S.-Louise-de-Marillac est à l'Hôtel-Dieu de Québec.

Necessite de ces Conferences

Pour atteindre la fin d'une œuvre donnée et réaliser tout le bien qu'elle se propose, il faut la collaboration pleine et entière de tout le personnel préposé à cette œuvre.

Or, *nul ne collabore s'il n'est intéressé*, et l'intérêt nait de la connaissance qu'on a d'une chose.

A l'heure actuelle le secret du succès repose presqu'entièrement sur l'habilité du chef à stimuler, encourager, favoriser l'initiative, instruire et développer ceux qu'il a pour mission de conduire.

Ces conférences culturelles aident et stimulent l'infirmière à perfectionner son travail et à mieux comprendre le malade. Elles encouragent les jeunes diplômées à poursuivre leurs études dans le sens de leur profession.

Ce programme éducatif crée des relations amicales entre les membres du personnel hospitalier. Il les rend plus heureux, il favorise la coopération entre les différents départements. Cette culture professionnelle améliore l'éducation de chacun, stimule au plus parfait, décuple le rendement et stabilise l'infirmière satisfaite à son travail.

Les conférences de culture professionnelle complémentaire s'avèrent absolument nécessaires dans un hôpital enseignant. Là il se trouve une école d'infirmières et un internat pour les futurs médecins. Dans cet hôpital, l'infirmière diplômée est sans cesse appelée à enseigner, conseiller ou corriger. Si elle n'est pas au fait des nouvelles techniques ou de l'évolution

en général, il y a danger qu'elle préconise hardiment des notions douteuses devant son jeune auditoire inexpérimenté ou, au contraire, qu'elle se refuse à tout enseignement sous prétexte de non-savoir. L'une ou l'autre attitude est inadmissible parce qu'elle favorise l'imperfection sous toutes ses formes et engendre le mécontentement et le dégoût au travail.

Tendance

La tendance actuelle est l'adaptation des méthodes de soin au malade aux exigences de la science. L'intégration des connaissances psychologiques et médicales avec les techniques des soins au malade s'impose pour réaliser cette adaptation et lutter contre le matérialisme. Des conférences de culture professionnelle complémentaire sont un moyen très efficace de réaliser cette intégration et cette adaptation par la valeur éducatrice de ces causeries bimensuelles.

Tous les problèmes d'actualité sont discutés loyalement et chacun cherche une solution au problème présenté. De ces problèmes généralement rencontrés dans l'éducation professionnelle, six nous semblent proéminents.

1. La confusion qui existe entre les tâches professionnelles et celles qui sont non-professionnelles. Particulièrement à l'hôpital, si ces tâches ne sont pas bien définies il y aura désordre et l'on pourra voir des aides réaliser un travail professionnel tandis que dans le même département une infirmière diplômée se dépense dans les soins du ménage.

2. Sacrifier le bien commun à l'intérêt particulier de l'hôpital ou du groupe professionnel. La profession ne doit jamais être considérée comme une union. Les valeurs primordiales doivent toujours dominer, et ce, à n'importe quel sacrifice. Il faut une mentalité profondément chrétienne pour réaliser cet oubli de soi, aussi bien dans le domaine pécuniaire que dans le domaine professionnel lui-même. Cette mentalité il faut l'inculquer à tout le personnel de l'institution, par l'exemple et aussi par la parole.

3. La tendance à former l'étudiante dans le sens restreint de la profession à laquelle elle se prépare. C'est une erreur. Toute éducation doit être basée sur les principes chrétiens lesquels dictent le bien de la société. La profession existe pour la société où évolue le professionnel. C'est donc en regard du malade à soigner que l'on forme l'infirmière et non pour le but secondaire qui est son propre intérêt.

4. Un manque d'intégration entre la théorie et la pratique. Tout d'abord le retour aux principes est nécessaire dans tout enseignement, ensuite vient l'application des techniques. De cette façon, l'infirmière n'est jamais prise au dépourvu dans quelque situation où elle se trouve. L'enseignement clinique favorise l'intégration de la théorie à la pratique s'il est régulièrement donné.

5. Ce problème se pose assez fréquemment après le cours d'infirmière. La diplômée aux prises avec des responsabilités est désemparée parce que son entraînement n'a pas été assez formateur. Soit qu'elle ait été trop en tutelle ou qu'on ait refusé de graduer ses responsabilités.

6. Le conflit qui existe dans plusieurs hôpitaux entre l'étudiante et la diplômée. L'étudiante, forte de son savoir, prône ses nouvelles connaissances et s'émerveille de l'ignorance de son aînée. Cette dernière, plus expérimentée, a peut-être négligé de se cultiver d'où son infériorité vis-à-vis de sa cadette.

C'est encore autour de la table ronde que ces différents problèmes trouvent leur solution avec paix et aménité.

Nous affirmons que les conférences de culture professionnelle complémentaire sont indispensables à l'apostolat du chef sur son personnel. L'administratrice, ou toute personne constituée en autorité, doit s'intéresser au sens de l'être humain qui collabore à l'œuvre dont elle a charge. Elle ne doit pas se surprendre de ses invraisemblables aptitudes à la faiblesse, comme de ses inépuisables possibilités de grandeur. Croire à l'amélioration de son personnel et à sa divinisation toujours possible, c'est avoir le sens chrétien de l'homme, c'est lui donner les moyens de mieux réaliser sa fin. Les conférences organisées permettent en outre une mise au point dans l'application des principes de morale médicale.

Le chef doit toujours se souvenir

que sa charge est d'abord un service et qu'elle doit tendre à devenir toujours plus une sagesse. Que le chef donne de son temps et de son savoir et il pourra ainsi réaliser pour son personnel cette parole du docteur Alexis Carrell: "Les hommes les plus heureux et les plus utiles sont faits d'un ensemble harmonieux d'activités intellectuelles et morales." Songeons que la culture est un reflet des grandes attitudes de l'homme devant la vie.

PROGRAMME

Il faut, tout d'abord, s'assurer si le personnel diplômé a reçu les cours d'enseignement clinique et de surveillance hospitalière. Les conférences de culture professionnelle complémentaire seront effectives à la condition que les membres de ce groupe soient instruits de leurs devoirs et de leurs responsabilités. Une série de cours sera cédulée au programme, s'il y a nécessité.

Avant de commencer les discussions, les autorités de l'hôpital organisent une conférence dite d'initiation, afin d'expliquer le but des causeries visant à la culture professionnelle complémentaire et la manière d'y prendre part. A cette conférence il est bon de se choisir une présidente et une secrétaire. Ces personnes, autant que possible, ne sont pas membres du bureau de direction de l'hôpital. Elles doivent aussi changer tous les six mois pour permettre à un plus grand nombre d'expérimenter la charge et pour la rendre moins onéreuse.

Après la première réunion, un syllabus des sujets de conférences à discuter au cours de l'année scolaire est affiché au vu et su de toutes les diplômées. Ce syllabus indique la date, l'endroit et l'heure de chaque réunion. Il prévoit aussi un blanc vis-à-vis chaque sujet afin de permettre aux membres intéressés de s'inscrire en vue de la préparation de ce travail, autour duquel devra s'amorcer la discussion.

Les conférences doivent commencer à heure précise et durer juste une heure. On suit le règlement des assemblées ordinaires, prière, lecture du procès verbal de l'assemblée précédente, exposition du sujet, discussion. Chaque assemblée se termine par une résolution et une suggestion. Ces conférences peuvent servir aussi de cours de rafraîchissement et d'information.

This is Friendship

I love you, not for what you are, but for what I am when I am with you.

I love you, not only for what you have made of yourself, but for what you are making of me.

I love you for the part of me that you bring out.

I love you for putting your hand into my heaped-up heart and passing over all frivolous and weak things that you cannot help seeing there, and drawing out into the light all the beautiful, radiant things that no one else has looked quite far enough to find.

I love you for ignoring the possibilities of the fool in me and for laying firm hold of the possibilities of good in me.

I love you for closing your eyes to the discords in me, and for adding to the harmony in me by friendly listening.

I love you because you are helping me to make of the lumber of my life, not a tavern, but a temple; and of the words of every day, not a reproach, but a song.

I love you because you have done more than any creed could have done to make me happy. You have done it without a word, without a sign.

You have done it by just being yourself. After all, perhaps this is what being a friend means.

—*Mind Magazine*

* * *

An intensive two-week ***Workshop dealing with Curriculum Problems in Basic Nursing Education*** will be held from *July 22 to August 4* at the **University of Washington, Seattle.** Dr. Marie Rasey of Wayne University will be the consultant.

This workshop is open to all graduate nurses. Fee will be $25.

News and Echoes

from

Your NATIONAL OFFICE

Institutes and Congresses

From various parts of Canada comes news of institutes being arranged, or already held, in order to keep abreast of the developing philosophy and changing techniques of nursing.

In March, the Manitoba Association of Registered Nurses brought together those nurses who will be instrumental in preparing others to care for patients with poliomyelitis. Although protective measures are being developed which, it is hoped, will lessen the chances of a 1954 epidemic, nevertheless the M.A.R.N. felt that they must be ready for any eventuality. Held in Winnipeg, the five-day institute concentrated particularly on nursing care of patients with poliomyelitis in the acute and convalescent stages in both the hospital and the home. It was under the direction of Miss Barbara Williams, of the Nursing Advisory Services for Orthopedics and Poliomyelitis of the National League for Nursing. The final session was concerned with community planning in relation to poliomyelitis.

Also during March, the School of Nursing of Dalhousie University had a three-day institute on "Nursing Aspects in the Care of the Child." Planned particularly for the four Atlantic provinces, these yearly institutes have always had an excellent enrolment.

In May, the School of Nursing of Queen's University has arranged a five-day conference on the principles of curriculum construction. This promises to be very stimulating as several of the leaders have been chosen from the field of general education and should assist the participants to review, and perhaps revise, the factors they have been considering in planning nursing education programs.

This summer there are several international conferences which, although not directly concerned with nursing, will offer a great deal to nurses who are privileged to attend. From June 27 to July 2, the International Conference of Social Work will take place in Toronto. Because of the close liaison between social work and nursing, we will be watching it with interest. Also in Toronto in August are the Fifth International Congress on Mental Health and the International Congress on Child Psychiatry. With our intense interest in the nursing care of the mentally ill, the C.N.A. plans to have a representative present and hopes that other nurses will be able to attend. For those who plan to be in England this Fall, the International Confederation of Midwives is meeting from September 4 to 11. Although we do not practise midwifery as such in Canada, those who have had midwifery training stand to gain much from the Congress.

Pack a Warm Coat for Banff

So much has already been written about Banff being located in the beautiful Canadian Rockies that we hesitate to mention it again but for practical reasons it is essential to do so. Please remember that warm weather comes later in the mountains and never does quite exert itself when the sun goes down. Even if you are the strong, outdoor type, you will appreciate a warm coat for the evenings. As well as this, those who know Banff will make room for a sweater and a warm housecoat in their luggage.

By now you will have planned your mode of travel to the 27th General Meeting. If you are coming by automobile, could you plan to **arrive after 2:00 p.m.** on Sunday, June 6? We put in an urgent plea for this as the special trains will be delivering their merry load about midday, and you can guess what that will mean! For you, for us, for everybody — motorists please arrive *after* 2:00 p.m.!

Nouvelles et Echos

de

Votre SECRETARIAT NATIONAL

JOURNEES D'ETUDE ET CONGRES

De toutes les parties du Canada, la nouvelle nous parvient que des journées d'étude ont eu lieu et que d'autres sont en voie d'être organisées afin de se tenir au courant du développement de la philosophie et des nouvelles techniques dans le domaine du nursing.

Au moins de mars, l'Association des Infirmières Enregistrées du Manitoba réunissait les infirmières qui enseigneront à leurs compagnes les soins à donner dans la poliomyélite. Les infirmières du Manitoba espèrent que les mesures préventives prises par les autorités auront pour effet de diminuer les risques d'une épidémie en 1954; néanmoins elles ne veulent pas être prises au dépourvu et elles veulent être prêtes contre toute éventualité. Les journées d'étude — cinq jours — eurent lieu à Winnipeg. Elles portèrent sur les soins à donner aux malades atteints de polio, à la phase aiguë et à celle de la convalescence, soit à l'hôpital, soit à domicile. Mlle Barbara Williams, consultante en nursing à la "National League for Nursing" en orthopédie et en poliomyélite, dirigea les activités. La dernière séance fut consacrée aux préparatifs que doit faire une communauté (ville, village, etc.) en cas d'épidémie.

Durant le mois de mars l'université de Dalhousie organisa trois journées d'étude sur "Les soins à donner à l'enfant par l'infirmière." Préparées avec soin, ces journées d'étude ont été bien suivies par les infirmières des quatre provinces maritimes.

En mai l'école d'infirmière de l'Université Queen's donnera, durant cinq jours, une série de conférences sur les principes à la base d'un programme d'étude. Ces journées d'étude promettent d'être très intéressantes, des personnes reconnues comme des autorités en matière d'éducation sont au programme. Leurs conseils dans la préparation d'un programme d'étude seront très utiles.

A l'été plusieurs congrès internationaux auront lieu: à Toronto du 27 juin au 2 juillet, la Conférence Internationale des Assistants Sociaux; au même endroit, le 5e Congrès International de l'Hygiène Mentale et du Congrès International de la Psychiatrie de l'Enfance. Ces congrès ne sont pas d'un intérêt primordial pour les infirmières, mais sans aucun doute, celles qui pourront y assister en tireront grand profit. Le soin des malades mentaux concernent les infirmières et l'Association des Infirmières Canadiennes enverra une représentante à ce congrès. Les infirmières qui seront en Angleterre en septembre pourront assister, du 4e au 11e, au Congrès International des Sages-Femmes. Bien que cette profession n'existe pas au Canada, les infirmières qui ont suivi ce cours aimeront à assister au congrès.

UN MANTEAU CHAUD A BANFF

Nous avons déjà tant parlé de Banff — de la beauté de son site, de la grandeur des Montagnes Rocheuses — que nous hésitons à revenir sur le sujet, mais il le faut. N'oubliez pas que dans les régions montagneuses les chaleurs sont tardives et qu'il fait toujours frais après le coucher du soleil; même si vous ne craignez pas le froid, il vous faut un manteau chaud le soir. Celles qui connaissent le climat de Banff apporteront en plus un gilet de laine et une robe de chambre chaude.

A celles qui voyagent en auto, nous faisons un pressant appel pour qu'elles arrivent le dimanche 6 juin, après 2:00 p.m. A l'heure du midi arriveront les congressistes qui voyagent par train. Vous pouvez vous imaginer l'activité qu'il y aura jusqu'à 2:00 p.m. Alors dans votre intérêt comme dans le nôtre, s'il vous plait, arrivez *après* deux heures.

Danger Signals

When Mother says — "I don't understand why he is so shy."

When Father says — "A bit of the strap may teach him to pay attention."

When his teacher says — "Stop staring out the window and answer when I speak to you."

When the children say — "Leave him alone, he's no fun."

It is time to test his hearing!

—National Society of the Deaf and Hard of Hearing

Annual Meeting in New Brunswick

The 37th annual meeting of the New Brunswick Association of Registered Nurses was held in Fredericton, September 23-24, 1953.

Following registration, the meeting was called to order by the president, Miss Muriel Hunter. The invocation was given by Rev. H.M. Davis and the address of welcome by Senator Muriel Fergusson, deputy mayor of Fredericton. Greetings were extended by the president of the Fredericton Chapter, Mrs. Mary MacL. Scott. Roll call was responded to by all eight chapters, as well as by localities without chapters.

In her presidential address, Miss Hunter reviewed the work of the association for the past year and spoke especially of what had been done in relation to nursing education. The president mentioned that the Executive Council was made up of members who were very well informed on nursing affairs and thought it a good idea to have the presidents of the local chapters become part of the Council so that they might be kept up to date on the doings of the association and thus keep all the chapters informed as well. Later a motion was carried that presidents of local chapters automatically become members of the Council.

The report of the Legislation Committee included a plan for zoning the province so that nurses in outlying districts would know in which chapter they would logically have membership.

Some of the outstanding features were:

1. An informal talk on the C.N.A. by Miss M. P. Stiver, general secretary.
2. Presentation of a "Suggested Central Teaching Plan."
3. Presentation of "Proposed Minimal Standards for New Brunswick Schools of Nursing."
4. Presentation of "Employment Policies."
5. A panel discussion on "The Place of the Hospital in the Community."
6. A talk on "Aspects of Fire Prevention as it Affects Student Nurses" by Mr. E. J. Sturgeon, Deputy Provincial Fire Marshal.

On the first day of the meeting the members were entertained at tea by the Victoria Public Hospital Alumnae and in the evening enjoyed dinner at the Lord Beaverbrook Hotel when Miss Stiver was guest speaker. Her topic was "The International Congress of Nurses." Miss Stiver delivered her address in the form of a travelogue, during which she took those present on a very interesting trip to Brazil. Every one present enjoyed not only the information given but the very interesting manner in which it was delivered.

Mr. G. Dent Stainsby, general passenger agent for the C.P.R., was present at most of the sessions and gave information and literature regarding transportation to Banff for the 1954 C.N.A. biennial convention and also showed two films, all of which stimulated a great deal of interest.

ALMA F. LAW
Executive Secretary

Nursing Sisters' Association of Canada

To members of the Nursing Sisters' Association of Canada and all past and present members of Her Majesty's Nursing Services not necessarily affiliated with organized units: Greetings!

The Alberta units of the Nursing Sisters' Association of Canada have plans well under way for our Biennial Meeting in Banff, **June 10, 1954.** If you are a delegate, or just plain interested, do plan to attend the business meeting scheduled for that afternoon at 3:00 p.m. in the Mount Rundle Room, Banff Springs Hotel. Following the business meeting, transport will be on hand to take you to famed Mount Norquay, where you will be provided with good food, good fun, good listening.

There will be representatives from the Atlantic to the Pacific all looking for familiar faces and the opportunity to renew the past, check up on the present and who knows but what they may be accorded a glimpse of the future? What more do you want?

It would be most helpful if those planning to attend would register with the undersigned. The hostess always plans better if she knows how many are coming for dinner!

(MISS) L. E. BIBBY
SECRETARY-TREASURER
NURSING SISTERS' ASSOC. OF CANADA
2614—7TH AVENUE, N.W.
CALGARY, ALTA.

Your Convention Welcoming Committee

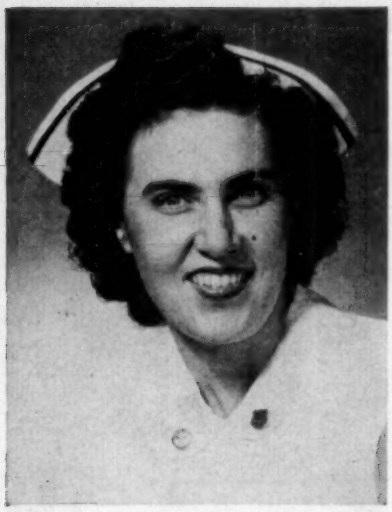
HELEN PENHALE, of Edmonton, president of Alberta Association of Registered Nurses.

FRANCES FERGUSON, of Calgary, chairman, Committee of Arrangements of the Canadian Nurses' Association.

JEAN CLARK, of Edmonton, chairman of the Sub-Committee of Entertainment. Her committee is planning the special events for your pleasure during the week.

Oliver Studios, Edmonton

CLARA VAN DUSEN, of Edmonton, chairman of Sub-Committee on Housing. Her committee is planning your accommodation in Banff.



Matthews Studio, Calgary

FRANCES TENNANT, of Calgary, chairman of Sub-Committee on Reception. Her committee is planning a rousing Welcome to Sunny Alberta.

Goertz Studios

CLAIRE LANGRIDGE, of Banff, chairman of Sub-Committee on Local Transportation. Her committee is planning regular bus schedules and special sightseeing tours for Tuesday and Thursday afternoons during the Convention Week.

RONALD MCLEAN, of Edmonton, Public Relations Officer, Department of Economic Affairs, Government of Alberta, who has been helping us a great deal as an adviser. You will meet him at Banff.

ZETTA OSWALD, of Lethbridge, chairman of Sub-Committee of Special Favors. Her committee is planning some surprises for you.

Focus on . . .

Emotionally Disturbed Children

DAVID WINEMAN, director of the Henry Ittleson Centre for Child Research in New York, in an article in the *American Journal of Nursing*, May, 1953, gives some suggestions for caring for children who are emotionally disturbed. Just as we formulate routines aimed at maintaining an optimum kind of physical hygiene, so we need to plan and carry out in ward practice a "valid set of mental hygiene principles for the emotionally disturbed individual who requires nursing care in a hospital environment." The purpose would be twofold:

1. To avoid intensifying already existing emotional pathologies.

2. To facilitate handling emotional reactions and behavior that would delay or prevent treatment of the physical disease.

We want the neurotic patient to recover from his illness without his neurosis becoming worse. At the same time, we do not want his neurotic pathology to complicate or retard the healing process. The nurse is not expected to cure the emotional disturbance but there is need for her to recognize that something is wrong with the patient emotionally and to cope with the mutual ill-effects of his neurosis and his illness on each other.

In his feelings toward the adult, the disturbed child either loves (or hates) too much or too little or both at the same time. His capacity to react to adults is damaged. Thus, the nurse will have to offer a delicate type of acceptance and support in the psychic realm. This may mean: *Additional support* through comforting words and a closer bedside relationship to these shy, detached and fearful children; *acceptance* of contradictory moods and behavior in confused children who are loving and positive at one time, and hating and vindictive at another; *awareness* that a simple routine like a nurse going off duty can play into a child's delusions of rejection and release sullenness, statements of hatred, and refusal to cooperate when she returns the next morning. Any child's feeling of security is reduced when suddenly separated from his parents and from familiar surroundings and the threat is greater when an emotional disturbance already exists.

Mr. Wineman points out that cheerfulness, warmth, and humor are essential personality traits that will convey to the hospitalized child some much needed security. In a child's mind there are two kinds of grown-ups — the "nice" ones and the "meanies." His yardstick is the surface personality traits the adult presents. "The face that smiles" and the gestures that go with it are clues from which the child builds up a picture of an affectionate adult who will protect and sustain him. In addition, the disturbed child is unable to perceive the world around him reasonably and realistically. He will have a strong tendency to misunderstand the nature of, and reasons for rules and routines. The nurse thus will have to take special pains to really interpret to some children why they are asked to conform to particular regulations.

Some resistance to routine can be handled by what Mr. Wineman calls *special prop help*. The child who finds it hard to respond to sharp wake-up commands can be helped by a gradual approach, as a quiet raising of the shade, a gentle touch and a quiet voice telling him he doesn't have to get up but will have to wake up. The child is easily able to take the step to a full wide-awake and cheerful state. Another method of helping the child accept routines is through *anticipatory announcements*, like "we'll be eating in half an hour." The child begins to accommodate his behavior to the soon-to-appear meal.

To almost all children there is an aura of mystery and intangibility about being sick. They weave their own fantasies and misconceptions into the illness. Often they link up their illness with their own conflicts and needs and may see it as a punishment for fancied guilt. It may, too, imply death or mutilation to the child. For this reason it is urgently necessary that someone close to the patient clarify the facts of the illness. He needs a clear and simple explanation at his own level of understanding of what is wrong with him, how it happened, and what to expect in the future.

The mental and behavioral symptoms of disturbed children must be accepted un-

critically, with no attempt to "educate them away" from symptoms such as nail-biting, thumb-sucking or bed-wetting. Such *symptom tolerance* should go further than mere passive acceptance. These children may need to be actually assured that they won't be punished just because certain things are wrong with them.

Mr. Wineman suggests that many children need help in the use of play materials. *Frustration should be avoided* by giving toys or puzzles that ensure success in a short period of time. Sometimes children cannot play and don't want to, so *strategic timing* is important. *Sociological taste patterns* must be remembered in offering a child a new toy. It should be something children from his own neighborhood would be more or less familiar with.

Finally Mr. Wineman states that "a tired, task-harried nurse is not going to be able to do a good mental hygiene job no matter how much she believes in the need for this or how great her intrinsic skill may be . . . Obviously a larger nursing staff and a more flexible definition of responsibilities will be necessary to carry out the minimum mental hygiene functions . . . This is an increasingly real need in hospital situations for disturbed children."

In Memoriam

Mabel E. Dunlop, who graduated from the Hamilton General Hospital in 1906, died in Hamilton in her 74th year.

* * *

Lillian Dunning, a graduate of St. Luke's Hospital, New York, died in Ottawa on February 5, 1954. Miss Dunning had nursed extensively in the United States during the half century of her active career.

* * *

Harriet Hall, who graduated from Toronto Western Hospital in 1915, died following an accident in January, 1954. Miss Hall had been active in private nursing until her retirement some 10 years ago.

* * *

Lisabel V. Isaacs, who graduated from Toronto General Hospital in 1891, died at Toronto on February 15, 1954, at the age of 85. Miss Isaacs retired from active nursing 20 years ago.

* * *

Irene Ann (Halloway) Jorginson, a graduate of Victoria Hospital, Winnipeg, Man., died in Calgary on February 16, 1954.

* * *

Winnifred (Howard) Morse, who graduated from St. Joseph's Hospital, Victoria, B.C., in 1915, died in Port Angeles, Wash., on January 8, 1954. Mrs. Moore had served overseas during World War I.

* * *

Jean Alice (Barclay) Robinson, a graduate of Kingston General Hospital, died in Kingston early in February, 1954, following a lengthy illness.

* * *

Ethel (Dickie) Rowe, a graduate of Regina Grey Nuns' Hospital, died at Regina on January 16, 1954.

* * *

Edith Vivian Smith, a Vancouver General Hospital graduate, died suddenly on February 18, 1954, at the age of 26.

* * *

Oda E. (Weldon) Turner, who graduated from Toronto General Hospital in 1909, died at Toronto in February, 1954, at the age of 68. Following graduation Mrs. Turner worked in Toronto, Battle Creek, Mich., and Vancouver. In 1916 she went overseas with the C.A.M.C.

* * *

Martha Elizabeth Ward, who received her training in England prior to migrating to Canada, died in West Vancouver on February 15, 1954. For many years Miss Ward was a head nurse at the Vancouver General Hospital. She moved to California for a time then returned to Vancouver and engaged in private nursing. She retired three years ago.

* * *

Sister Catherine Wymbs, a graduate of St. Boniface Hospital, Man., died in Toronto in February, 1954, at the age of 73. A member of the Order of Sisters of Service, she had nursed in many isolated rural communities in Western Canada.

Student Nurses

Valedictory

Editor's Note: Very shortly after graduation festivities were over last year, we received copies of two different Valedictory addresses through the mail. Those of us, whose graduations are becoming a faded memory, may recapture some of the joy, excitement, and trepidation of the moment when our names were called as we visualize, somewhat nostalgically, the settings where these two addresses were given. Even more important, each of us should pledge ourselves anew to the work for which our graduations have fitted us.

In Bermuda

MARY ELLEN TINGLEY

TODAY WE HAVE DONNED our white uniform, received our diploma and school pin; tomorrow we give back our school pin and return to our blue and white student uniform, until our three years in actual time is complete.

So a new graduate nurse looks to the future—not as having finished with the past—not as having learned everything there is to know about nursing, but with an awareness that now, with the aid of our lamps, we can light the way a little more brightly. With open minds, we are just beginning to find our way amid the world of those in need.

Why did we come to Bermuda to study nursing? During our first few homesick months we asked ourselves that question. It was certainly a portentous decision—to leave our homes and families for the first time—to come to another country to nurse. Whatever our primary motive, we can say today that we are extremely happy to have been here. We are proud of our school of nursing!

We have lived the past three years—amid happiness and sorrow, hope and despair, success and failure. Our first year in Bermuda gave us more than anatomy, physiology, materia medica and nursing arts. It opened our minds to the realization that nursing is far more than theory—it is an interpersonal relationship with our patients, our doctors, our senior nurses, and our fellow students. We found that a nursing procedure carried out with perfect technique accomplished nothing without the warmth of our personal interest. These relationships, this new life, demanded continual adjustments that we soon learned had to be made on our side. No one could make them for us.

Our educational program in the second year took us back to Canada. We spent 14 months in the teaching hospitals in Montreal, where we obtained a fine education in pediatrics, obstetrics, medicine, surgery, and infectious diseases. This rotation in four different hospitals in Montreal is unique because it enables us to obtain Canadian registration—symbolic of one of the highest standards of nursing in the world today.

Our year in Montreal brought us in contact with students from approximately 20 other schools of nursing. We thereby gained the assurance we needed to return and work with our graduate staff who represent large nursing centres in Canada, England, Scotland, and the United States. Moreover, it gave us the satisfaction of knowing we

Miss Tingley was one of three Canadian girls who graduated in 1953 from the King Edward VII Memorial Hospital, Hamilton, Bermuda.

would return to Bermuda capable of giving our patients better nursing service.

We, as a group, feel that the combined educational program, in both large and small hospitals, gives students a wider perspective from which to evaluate their nursing arts. And so we returned to Bermuda for our final year—the last lap of our journey. We have given to our profession enthusiasm and determination—the strength and health of our youth.

Happily, we have not travelled this road alone! To our mothers and fathers, our families, who have given us encouragement and assistance every step of the way—may we offer our sincerest thanks. Our friends, whose genuine worth and understanding have made us feel so at home in Bermuda, we will always remember. We thank the nursing staff for their patience and help, for lighting our way with their own high standard of professional practice. To the doctors, who have been so patient and helpful, may we return your kindness with good nursing service. We are aware of and thankful for the fine organization and work behind the scenes, performed by the Trustees of this hospital. Their personal interest in the student's welfare is proverbial. Our sitting room is lovely and was such a surprise on our return!

And so we look to the future, with humble but enthusiastic hearts. The road is uphill all the way. We aim to go on climbing, with the aid of our lamps, to encourage and maintain the humane approach to our profession—to light the way for those who follow.

In New Brunswick

JEAN A. SMITH

TONIGHT WE GRADUATE! This function is listed on the program as "Graduation and Commencement" symbolizing graduation *from* something—our school wherein we have learned the art and science of nursing—and the commencement *of* something—the daily practice of this skill and knowledge.

As we take our part in this evening's program we remember that not all lives can be great but most lives can be well lived so that good is wrought by them in the on-going lives of those whom they touch. With these thoughts crowding our minds we step from these corridors of learning and humbly commence our life's work. In doing this we enter that great association of professional nurses, past and present, whose tens of thousands are found in every country of the world. Truly it was women of that great company of whom Browning wrote:

Through such souls alone
God stooping shows sufficient of His light
For us i' the dark to rise by.

The leaders in nursing, whose names we revere, were the evangels of our profession—a ministry of aid and service patterned for us long ago by Christ. Above and beyond the mere doing of a job or the pursuit of a profession for gain, can we do less than follow their ideals and achievements? Someone wrote, "Nursing is a progressive art in which to stand still is to go backward." I wonder, have we a thought, as we leave our school behind and become graduate nurses, that we are skilled and learned in all there is to know in nursing? If we have, then we are sliding backward already. We cannot, must not, fail the high standard of our calling.

Come with us for a moment as we glance backward over the last three years and recall the experiences, each contributing to the goal we set for ourselves which we have achieved in

Miss Smith was the 1953 valedictorian at the graduation exercises of Saint John General Hospital.

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part this evening. Let us liken our efforts to the building of something great and lasting as the Romans of ancient times built their Colosseum or the Egyptians their Pyramids. After all, our lives individually are but monuments to something lesser or greater.

We began building our life's monument when we arrived at the school and were welcomed by the director of nursing. How proud we were when we donned our uniform for the first time—blue stripes with white collars and cuffs, black stockings and shoes, emblems of the preclinical student. We were the "probies" who reverently held the doors open for our seniors, who rose early in the morning and went quickly to bed at 10:30 lest we be heard by the proctors making rounds. During the laying of the "Cornerstone" of our monument our educational director guided our minds and efforts through the fascinating ways of nursing arts and the allied sciences. How scared we were, yet strangely thrilled, when we were posted to the wards. Our first patient! We had at last reached part of the goal of our dreams. Awkward at first in putting our theory into practice, soon we found that practice makes perfect or almost perfect!

Our first milestone was "Capping" when we were officially welcomed into the school as junior students. How important our caps and bibs made us feel! We learned soon that they signified added responsibility. Slab by slab, our monument grew as we progressed through our junior and intermediate years. Lustre and polish were applied in the form of the class insignia—we could wear the undergraduate pin! We were now applying our knowledge of the arts and sciences in our daily duty as we progressed from the medical and surgical wards to the specialties—the diet kitchen, pediatrics, and obstetrics.

Will we ever forget our night duty? We learned to be responsible for much—the frail breathings of the wee new lives, the often vague signs and symptoms of retreating or advancing disease, cheering the chronically ill and handicapped, or comforting those go-

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ing into "the Valley of the Shadow."

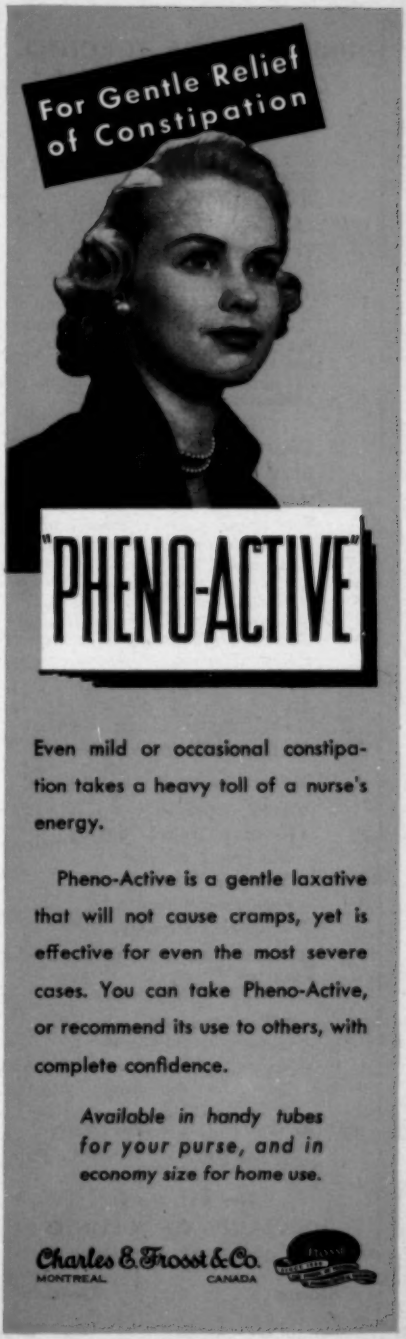
Soon we were in the operating room and taking our place beside the surgeons, assisting them in their lifesaving work. In the caseroom we often ran a close race with the stork but always thrilled over the miracle of new life.

The base or pedestal of our monument was finished. As we started on the column we entered our third year — a senior student — realizing how much there was to learn. White shoes and stockings now marked us as an upper class student and much more was expected of us. Our exciting five weeks in the out-patient department, the major and minor casualties, the clinics. Out into the district for public health experience — Victorian Order of Nurses and welfare agencies where we visited the sick in their home environment and learned that nursing is not confined within hospital walls.

Now that graduation is here and finishing our training is up our column just a space or two, we find we have not reached nearly high enough. Anyone graduating in nursing should have a pillar reaching up into the blue to be of service to others. As we observe the widening horizon of our profession we learn that we must continue to study for, as medical scientific research goes ever on, we must keep pace or fail to do our part. The column of our monument will continue to grow as we practise of our life's work.

To our parents — we shall be starting out on our own but never will we forget and fail to appreciate your help and guidance. We shall remember how much your cheery letters (with that dollar bill tucked inside) and the boxes of food, which we shared, meant to us. Many times it was only your words of encouragement and your faith in us that kept us going. May we humbly say "Thank you."

We would like to extend to all of the nursing staff, our gratitude for your continual patience and guidance during the past three years. If we grumbled about the discipline, which to us at times seemed just a little harsh, we know now it was for our own good — you helped us to be what we are.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Undergraduates — our class motto has been "Keep right on to the end of the road" so carry on as we have done. With our graduation you have advanced a step nearer your goal. We wish you satisfaction and happiness in the years ahead. May we leave with you a thought taken from an address given to the graduating class of 1947 by the late Dr. W. O. McDonald, which we hope you will constantly strive toward:

> Always come to your patient garbed in the uniform of knowledge, wearing the cuffs of service, the collar of efficiency, crowned by the cap of charity and bound by the black band of silence. Then will the unseen audience of your school, parents, friends, and professors silently applaud. When your patient, by her look of appreciation and thanks, pins on your breast the gold medal of approval, approval of your worthiness to practise your vocation in the service of God and mankind, then, and only then, can it be truly said of each and every one of you — "She has graduated — she is a nurse."

My classmates — tonight we are graduate nurses! How we have waited for this night! How many times have we wondered what thought would be in our minds as we climbed this platform. Mixed with the joy we find regret and pain at leaving our student days and one another, for our joys and sorrows are common and we have become part of each other's living. May your fondest and highest hopes be realized as we take leave of one another and follow our destiny along the branch of the road of life we have chosen.

O. R. Nurses' Association

We would like to announce, with a certain amount of pride, that Edmonton has formed what we believe to be the first Association of Operating Room Nurses in Canada. We hope that it won't be too long before many more join us.

Our first few meetings were spent touring the operating rooms of each hospital, picking up ideas at each. Since then we have had a lawyer speak to us on legal problems in-

volving the operating room, two sessions of draping technique, and one film on an Edmonton Siamese twin operation. Another meeting was concerned with aseptic technique and at still another a representative of an instrument company, Down Bros., spoke on instruments, centring his remarks on the history of the "hemostat."

Associations of Operating Room Nurses are very widespread in the United States. There is no reason why the situation should not be the same in Canada. We believe that an exchange of ideas could not help but be of interest and advantage to all of us.

This, then, is an invitation to all operating room nurses across Canada to start an association in their own communities and let us know about you. There is to be a meeting in New York this year of operating room nurses from all across the United States.

JOAN A. CRAGG
Royal Alexandra Hospital
Edmonton, Alta.

Canadian Nurses with WHO

Last month we commented on the fact that, though rumor had indicated many outstanding Canadian nurses were active in widely scattered parts of the world as part of the staff of the World Health Organization, we had no detailed information of who was working where. We undertook the responsibility of securing accurate information. Even before that issue had come from the press the answers were in our hands. Well known to Canadian nurses through her periodic column in these pages, Lyle M. Creelman, Nursing Consultant with WHO, was in Montreal en route to Geneva following an extended visit to the WHO developments in the Western Pacific Region — India, Malaya, Thailand, Brunei, the Philippines, among other places.

The accompanying list, correct for December, 1953, names the 25 Canadian nurses who are actively engaged in constructive programs for the betterment of health conditions in widely scattered countries. As other Canadian nurses join this expanding work, additional lists will be published as they become available. The names have been arranged in alphabetical order rather than by type of project or country.

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Name of Nurse	*Position*	*Country & Type of Project*
Baird, Miss L.	Public health nurse	Burma—Rangoon. MCH/VD project
Bird, Miss M.	Pediatric instructor	India—Calcutta. Nursing education
Brodie, Mrs. I.	Public health nurse	Burma—Rangoon. MCH/VD project
Delmotte, Miss J.	Public health nurse	Thailand—Rajburi. VD project
Des Rosiers, Miss M.	Nursing instructor	India—Calcutta. Nursing education
Dickie, Miss I.	Public health nurse	Thailand—Bangkok. MCH project
Dolphin, Miss M.	Pediatric instructor	Pakistan—Dacca. Nursing education
Donaldson, Miss Q.	Public health nurse	Ethiopia—Addis Ababa. VD project
Durrell, Miss K.	Senior tutor	India—Bombay. Nursing education
Gillespie, Miss E.	Public health nurse	Egypt—Calioub. Health dem. area
Graham, Miss Eleanor	Asst. Regional Nursing Adviser	India
Graham, Miss M.	Sister tutor	Burma—Rangoon. MCH/VD project
Harling, Miss M.	Sister tutor	Malaya—Penang. School of Nursing
Hatcher, Miss M.	P.H.N. instructor	Iran—Teheran. Nursing education
Howitt, Miss H.	Nursing instructor	Bolivia—Nursing education
Hudson, Miss M.	Public health nurse	Ceylon—Colombo. T.B. project
Kirkpatrick, Miss V.	Public health nurse	China—Taiwan. MCH project
Mackay, Miss I.	Nursing instructor	China—Taiwan. Nursing education
Matheson, Miss E.	Nursing instructor	North Borneo. Nursing education
Pennington, Mrs. M.	Nursing instructor	Turkey—Ankara. Nursing education
Potts, Miss A. D.	Nursing instructor	Pakistan—Dacca. Nursing education
Robinson, Miss B.	Pediatric instructor	Malaya—Penang. School of Nursing
Talbot, Miss A.	Nursing instructor	Cambodia—Phnom Penh. Nursing education
Turnbull, Miss L.	Sister tutor	Malaya—Penang. School of Nursing
Webster, Miss J.	Public health nurse	San Salvador

Reviews

Study Guide for Clinical Nursing — A Coordinated Survey Integrated with Essentials of the Basic Sciences, prepared under the direction of Emily C. Cardew, R.N., M.S. 563 pages. J. B. Lippincott Co., Medical Arts Bldg., Montreal 25. Price $6.00.

Reviewed by Pauline Capelle, Elizabeth McCann, and Margaret Duncan, Assistant Professors, School of Nursing, University of British Columbia.

In the opinion of the reviewers this book marks the beginning of a new era in nursing education. As implied in the title, the book is a study guide. The editor states in the preface: "It presents a method of organizing materials which will help students to synthesize and to apply the principles of the biologic, the physical, and the social sciences in understanding and meeting the individual patient's needs." It is intended to help not only the basic student and the graduate nurse, but also the clinical instructor in her efforts to increase the nurse's understanding of comprehensive care. It is a book dealing, in a very real and dynamic way, with patients as people and with the problems — physical, psychological, and economic — which face the nurse in caring for these people. Using names and typically apt descriptive titles such as "The Man in a Coma" (Mr. Mutter), "The Bride who Wanted Babies," "The Truant," each patient presented becomes a realistic nursing situation.

The book is divided into four branches of nursing care: Adult patients with medical and surgical disorders; children; the psychiatric patient; mothers and the newborn. Although each part emphasizes the newer concepts of nursing in its own particular area, the common intent of stimulating activity on the part of the learner is obvious throughout. In each situation presented, the learner is guided by the set-up of the material to an intelligent approach to the solution of the problems to be encountered. The title of the unit is given, followed by study suggestions highlighting the basic scientific knowledge needed, with an appropriate reading list to supplement earlier learning. Assuming these suggestions will be heeded, a

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series of questions usually follow which are related to the necessary background knowledge required. These are review questions of multiple choice type. In some situations another series of questions will follow this general review, dealing with the nursing care of patients with a specific disorder and stressing the underlying reasons for nursing procedures. This is followed by a section of questions for discussion and suitable projects. These draw the learner's attention to broader aspects of everyday situations and thus indicate the public health implications, the need for patient teaching, and a sense of community responsibility.

With this rather extensive preparation, both in basic scientific facts and in more closely related disease-centred knowledge, the student is presented with the patient study. A brief story is related, bringing in the typical picture of an average person including, in addition to his signs and symptoms of clinical significance, the many other ordinary but less obvious problems that are associated with him. For example, on page 50 in the section on cardiovascular disorders, the patient presented is Mr. John Black, a Negro mail carrier, who has Buerger's disease. His family problems are noted and his tendency to use tobacco and whisky as solutions to his personal problems is mentioned in just such a way as the nurse herself might learn about them from the patient . . . "he found it necessary to drink whisky several times a day to get a lift."

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Suitable references are listed to increase the student's breadth of knowledge on the problems and again a series of multiple choice questions directs her thinking toward constructive application of her developing understanding of patients' problems and their needs. Finally in each unit there is a concluding section suggesting further questions for discussion and more projects intended to guide the student's thinking toward the broader needs of the patient as a person, his relationships with his family and friends, his ignorance and cultural prejudices, his religion, his fears and anxieties, and thus point up the need for the nurse to consider these factors and incorporate them into her nursing care plan.

The coverage of subject matter in the various sections is good and should help clinical instructors who find it necessary to supplement learning experiences where there is inadequate clinical material. In Part I the various disease entities are organized under 12 sections, illustrating nursing care of

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patients with disorders of the respiratory tract, the genitourinary system, the digestive system and others. The part on the nursing care of children shows the necessity for planning for the normal development of the sick child, meeting his needs for acceptance, understanding, and play activity at the various age levels. In the section on the nursing care of mothers and the newborn, stress is placed on the social and psychological implications for the family in the normal and less normal situations that the nurse may meet in an obstetrical division. The premature baby and the abnormalities of pregnancy are suitably considered. In nursing care of the psychiatric patient it is encouraging to note the stress placed on the need for understanding the etiology of the condition and the importance of the preventive measures that can be undertaken.

One further very valuable feature of this study guide is the inclusion of problems of ward management and group nursing related to the patients discussed in each of the large sections. Problems, such as how to group the patients in a ward, the order in which care should be given to a specified group of patients, etc., stimulate many thought-provoking questions and should be highly suitable for staff discussions on a graduate level. They should also prove invaluable to senior students embarking on courses of administrative principles.

This book represents a departure from the more conventional text or reference book usually encountered and seems to be more in line with the concepts of modern education in its recognition of learning as a dynamic activity. Through reviews, questions, patient studies, and specific reference reading the student is stimulated to investigate and develop her own inherent capacities for thinking and doing.

The reviewers feel strongly that this

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Study Guide deserves the thoughtful attention of nurse educators, especially those engaged in clinical teaching. Since this one comprehensive volume is in essence four books it has been very difficult to do it justice in a review. However as the book is examined and its unique set-up is analyzed its potentialities are readily recognized and provide its own endorsement.

Health Saboteurs, by Robert W. Davis, M.D. 306 pages. Nelson, Foster & Scott Ltd., 87 John St., Toronto 2B. 1953. Price $4.50.

Reviewed by Mary H. Canty, formerly Clinical Instructor in Pediatrics, General Hospital, Vancouver.

Instead of "a controversial book on tonsils and adenoids" as the jacket of this book proclaims, it seems that the author has written a book on a topic which in his mind is *not* controversial. The theme is "early routine tonsillectomy at age 2 or earlier."

In this book, directed particularly to parents, the author states his thesis that the tonsils and adenoids are evolutionary tags as are the appendix and wisdom teeth. They have no function in the body and, left alone, they act as "a breeding ground for all kinds of disease-producing bacteria." He begins his discussion with an account of the evolution of man, and man's changing structures and their functions. Since the tonsils and adenoids are so susceptible to infection, they lay the ground for many "cripplers." Mouth breathing, sinusitis, dental deformities, rheumatic fever, nephritis, and other conditions, the author considers, may develop if the tonsils and adenoids are not removed at an early age. He also discusses the results and risks of the tonsillectomy. There is a chapter on the school medical examination which would be of particular interest to public health nurses.

The material is rather difficult to assimilate. There is a definite lack of logical development by the introduction of seemingly unrelated data and quotations. It is apparent that the author sincerely believes in his thesis and hopes that constant repetition of his arguments will convince the reader of their validity. Although this does detract from the effectiveness of the book, the author has presented a strong case.

There is an extensive bibliography, a useful glossary and illustrations which, al-

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though fairly well correlated to the text, lose much of their effect by being rather out of date.

Since most articles appearing in print today oppose routine tonsillectomy, this book merits some attention from nurses and parents.

The Symptoms and Treatment of Acute Poisoning, by G. H. W. Lucas. 308 pages. Clarke, Irwin & Co. Ltd., 103 St. Clair Ave. W., Toronto 5. 1952. Price $5.00.

Reviewed by Mrs. Diana Sharron, Instructor of Nurses, Hotel Dieu, Windsor, Ont.

This book leaves one with the impression that the author is a learned pharmacologist. He covers the topic very well. It should fill a long felt need, especially for nurses who work in emergency centres. It contains an excellent index, where one will find with ease the drug or information being sought.

The chapter on the collection, preservation, identification, and mailing of specimens is well done. The treatment of poisoning provides methods that differ from those found in some other books — e.g., phenol poisoning. A statement on page 62 suggests that a nurse may use tap water to prepare a solution of soda bicarbonate for intravenous therapy. This statement would be questioned by an experienced nurse but would it be questioned by the unexperienced one? The older nurse would have great difficulty in reconciling herself with this practice.

Administration and the Nursing Services, by Herman Finer, D.Sc. (Econ.), London. 333 pages. The Macmillan Co. of Canada Ltd., 70 Bond St., Toronto 2. 1952. Price $4.00.

Reviewed by M. Alicia Sledge, R.T., B.Sc., Royal Victoria Hospital, Montreal.

The nursing profession has an excellent guide in this book. Dr. Finer devotes several chapters to administration, its nature, scope and principles, budgeting, personnel, etc. He admits that it is possible to teach the social sciences merely to impart information. While this method is not to be despised, he suggests that it is far more important to train the mind in the right habits of reasoning and thinking "to understand, to practise and to grasp analysis, analogy and synthesis." This book, I am sure, was written to supplement and not replace the standard texts currently used in administration.

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Nurse and Patient — an Ethical Consideration of Human Relations, by Evelyn C. Pearce, with a foreword by Lord Webb-Johnson. 184 pages. J. B. Lippincott Co., Medical Arts Bldg., Montreal 25. 1953. Price $3.00.

A review of this text appeared on page 134 of the February, 1954, issue of the *Journal*. Since then the Canadian agents have been changed to the J. B. Lippincott Co. as mentioned above. The present price is $3.00.

News Notes

ALBERTA

District 2

Ponoka

Officers elected in District 2 were: President, J. Grahn; vice-president, Mrs. L. Baisley, secretary-treasurer, M. Sundberg; and representative to *The Canadian Nurse*, Mrs. M. Thumlert.

The group is continuing to conduct the Well Baby Clinic, with Mrs. Walker in charge and a committee of three — Misses Kyle, Peterson, and MacDonald — assisting. Activities are going on to raise funds for this clinic as well as to assist in sending delegates to the C.N.A. Biennial. C. Perkins, former assistant editor of *The Canadian Nurse*, addressed the group in October about the compiling of the *Journal*. The Students' Association has been invited to send representatives to the district meetings.

Thirteen graduates are taking the course in psychiatric nursing at the Provincial Mental Hospital.

District 3

Calgary

President E. Shaw was in the chair at a recent meeting of District 3 while guest speaker, Mr. E. Bredin, introduced by L. Wright, gave an interesting talk on some of the legal problems affecting hospitals, doctors, and nurses. A lively discussion resulted and Mr. Bredin was thanked by the secretary.

Vulcan

The election of officers at the annual meeting of the chapter resulted as follows: President, Mrs. Fitzpatrick; vice-president, Mrs. G. Graham; secretary-treasurer, Mrs. S. Walker. Mrs. A. McIntyre thanked the secretary and members for their cooperation during the year. After a short business meeting, Mr. Doyle of the Red Cross, in association with the showing of a film,

spoke briefly on operating costs of mobile units and other services.

District 4

Medicine Hat

At a regular meeting of District 4, it was decided to pay the expenses of five delegates to the Biennial. Thirty-six members turned out to the meeting as compared to the usual nine or ten.

District 5

Hanna

At the February meeting of District 5, the nominating committee reported that Mrs. Pennock would be chairman, Mrs. I. Schmidt, treasurer, and Mrs. Tutt, secretary. The program committee demonstrated the set-up and use of a "wagonteen."

District 7

Edmonton

New members elected to the executive at the annual meeting of District 7 were: Treasurer, I. Chaffin; program committee, B. Lea; *The Canadian Nurse*, D. Watson; Local Council of Women, M. Fraser; and I. Johnson and R. McClure were appointed representatives to the Council of Community Services.

It was felt that a great deal had been accomplished by sending 10 members to the A.A.R.N. annual meeting as official representatives; also when a major project was undertaken to relieve the polio situation last September. With assistance from Civil Defence, a refresher course on polio nursing was organized and attended by approximately 300 nurses.

The March meeting had 53 members present. As an affiliating association of the Local Council of Women, the district supported the restoration of Old Fort Edmonton in honor of the 50th anniversary of the formation of the province of Alberta.

Jasper

The following projects were among those in 1953 reported at the annual meeting of the Edith Cavell Chapter: An emergency cupboard of medical supplies was organized; children commencing school last September were inoculated at the baby clinic; donors to a potential blood bank were contacted; Mrs. Stewart spoke on the V.O.N. to the Women's Institute. L. Kremer speaking on Civil Defence and polio, Dr. Bethowski on the topic of "Blood," and C. W. Perkins, former field representative for *The Canadian Nurse*, were all guest speakers at meetings. Among those moving away are Mmes Stewart and Recknagle to whom gifts were presented at a recent meeting. The present membership totals 18.

Officers elected for 1954 are: President, Mrs. Benner; vice-president, Mrs. White; secretary, Mrs. Siga; treasurer, Mrs. Nordgren.

Eleven members were present at a regular

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chapter meeting when Mrs. White was appointed delegate to attend the C.N.A. Biennial. The members enjoyed an interesting film on "Diffusion."

Westlock

The following were elected to the executive of the chapter at the annual meeting: President, Mrs. F. Steininger; vice-presidents, Mmes J. Hatherley, K. Spragge; secretary-treasurer, E. Doyle; publicity committee, S. Mueller, Mmes F. Roberts, M. Brace.

Mrs. J. Roodick was presented with a corsage by Mrs. Steininger, on behalf of the members, for her efforts in assisting during the polio epidemic, not only locally but by answering the call of duty in the southern part of the province, even though she herself has a family of four. She was unanimously named "The Nurse of the Year" for the chapter.

Wainwright

This chapter held its meeting the first week in March. Mr. Muir of the Red Cross spoke and showed an interesting film on the new Crippled Children's Hospital in Calgary. Mrs. S. Chynoweth has been chosen as an official delegate to attend the Biennial Convention.

District 8

Pincher Creek

There were 18 members at the December meeting of the South West Chapter and one visitor. R. Bishop and M. Smith were named to send gifts to the girls from this district who were in training. S. Clazie and L. Crough gave an interesting report of Miss Penhale's trip to South America.

At the February meeting Miss Kremer, Civil Defence, Edmonton, gave an informative talk on polio. Pamphlets were distributed and the workings of an Iron Lung were explained.

BRITISH COLUMBIA

Vancouver Island District

Dr. John Nelson was guest speaker at the annual meeting, held at Nanaimo, his topic being "A New Look at Health." D. Priestley was appointed delegate to the C.N.A. Biennial Convention at Banff.

Skeena District

Doris Hallt, vice-president, presiding at the March meeting of the district, held in Prince Rupert, was elected president for 1954. Serving with Miss Hallt are: Vice-president, Mrs. E. Bartlett; secretary, M. Ross; treasurer, F. Neighbour; councillor, E. Clements. Delegate to the C.N.A. Biennial Meeting at Banff is Mrs. I. Bushaw. Dr. S. F. Carr, of the Skeena public health unit, gave an interesting talk on fluoridation.

Kamloops

M. Davies, instructor of nurses at Royal Inland Hospital, was elected president of

Kamloops-Tranquille Chapter at the annual meeting, succeeding Mrs. R. McQuay. Other officers are: Vice-presidents, Mrs. A. Ellis, B. Stewart; secretaries, Mrs. E. Olson, D. Rositch; treasurer, Mrs. E. Nicholson.

Donations during 1953 included $200 to the school of nursing, $250 to the Scholarship Fund, and $100 to the European Flood Relief Fund. Proceeds of the Valentine Tea, convened by Mrs. McQuay, were to be used for the special nursing care fund.

J. Russell, councillor for the northern area of Kamloops-Okanagan District, told members at a recent meeting about the changes in the C.N.A. by-laws decided on at the council meeting in Vancouver.

Miller Bay

The following officers will serve the chapter in 1954: President, Mrs. I. Bushaw; vice-president, Mrs. E. M. Davis; secretary, D. P. Hallt; treasurer, M. Ross; convener, R. Roney.

Nanaimo

At the annual meeting of the chapter, officers for the new year were elected as follows: President, Mrs. J. Best; vice-president, Mrs. I. Walker; secretary, E. Williamson; treasurer, Mrs. M. Bilton. At recent meetings, the C.N.A. Structure Study was discussed and Dr. H. Welch showed color slides of England and the Continent taken during his year there. The Valentine Dance was a success.

Nelson

As a result of a talk by Mr. Peter Meiwood of the Kootenay Society for Handicapped Children in Trail and the viewing of the film "Search" at a special meeting, the chapter has taken a two-delegate membership and is interested in the plans of the society for a school nearby. Home nursing classes supervised by the Red Cross are being contemplated for the fall.

Prince Rupert

Officers of the chapter elected for 1954 are: President, Mrs. N. Haywood; vice-president, Mrs. A. S. Bill; secretary-treasurer, Mrs. W. N. Poole; conveners, Mmes H. Young, R. Clayton.

Terrace

The executive of the chapter for 1954 is as follows: President, F. Neighbour; vice-president, Mrs. N. Jacques; secretary-treasurer, Mrs. M. Somerfield.

Trail

President A. Baker conducted the March meeting of the chapter when it was decided to table the district and chapter by-laws until after the C.N.A. Biennial at Banff. Mrs. L. Ross reported that the evening of bridge and canasta netted $50.27. V. Eidt was authorized to purchase new furniture for the nurses' lounge in the new hospital. One

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Department of Public Health
Box 488, Halifax, Nova Scotia

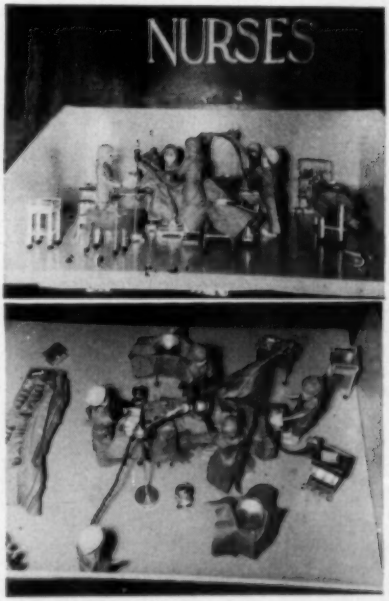
hundred dollars in the Alice Chesser Memorial Fund will assist a student in Trail to go in training next fall. Since a chapter delegate is not going to the C.N.A. Biennial, a contribution will be made to the district representative. The official delegate to the provincial meeting will be D. Mawdsley.

Mrs. I. Scatchard of Rossland reported on the quarterly session of the R.N.A.B.C. councillors at Vancouver at the conclusion of the meeting.

VANCOUVER

School of Nursing
University of British Columbia

The display shown in the accompanying photos was one made entirely by the students of the School of Nursing of the University of British Columbia and shown at the Red Bacchanal Ball held by the Engineering Faculty.



The furniture was to scale and made of wood, painted with aluminum to give a metallic appearance. The drapes and gowns were made to look as realistic as possible and the instruments are of tin foil, cut with scissors. The furniture was approximately 3½" high and the dolls were 8" tall. The arms of the "surgeon" and "scrub nurse" moved up and down. The overhead light was connected to a battery with the light focused on the "incision." The display won 4th honorable mention in the competition which was held and was on view at Woodward's over Easter. It is also planned to show it at the Pacific National Exhibition this fall.

MANITOBA

BRANDON

Over 50 members were present at a meeting of the Association of Graduate Nurses and among the reports of various activities were the following: P. Long on the success of the recent tea; E. Cranna, the Nursing Institute; Mrs. P. Darrach, Local Council of Women; Mrs. P. Leitch, the married nurses' group and plans for their home-cooking sale. S. Strang was in charge of arrangements for the annual dinner. Red Cross first aid lectures were sponsored this spring.

On the nominating committee are: I. Lamont, Mmes C. Speakman and D. Bateman. New members welcomed were J. (Young) Blake and Miss Duxbury, public health nurses.

Dr. M. E. Bristow of the Hospital for Mental Diseases spoke on "Psychiatry."

NEW BRUNSWICK

CHATHAM

A regular meeting of Miramichi Chapter was held recently at St. Michael's Academy with President Sr. Skidd in the chair. Miss Lynds reported on the executive meeting of the N.B.A.R.N. and, as a result, a resolution to subscribe to *The Canadian Nurse* in favor of some Belgian nurses was passed. In addition to Irish ballads, contests with prizes to successful participants afforded much entertainment and the films that followed, including one of the Royal Tour, were especially pleasing.

FREDERICTON

At the March meeting of the chapter, presided over by Mrs. M. Scott, it was voted to send *The Canadian Nurse* to a Belgian nurse.

Lois Smith, chairman of the N.B.A.R.N. Legislation Committee, addressed the meeting in connection with legislation as it applies to the nurses in the province. Mrs. A. Crewdson, chairman of the chapter's Legislation Committee, thanked Miss Smith. M. Bird was in charge of the social hour.

SAINT JOHN

In February the private duty section of the chapter held a banquet when a business session was presided over by the president, Mrs. D. Murchison, after which games were enjoyed. Prizes were won by Mmes L. Walsh, F. Cobham, S. Goldstein, Misses S. MacKay and J. Irving. There were 37 nurses present.

General Hospital

In February the student nurses held a "stunt" party to raise funds for sending a student nurse to attend the C.N.A. Biennial Convention in Banff in June.

St. Joseph's Hospital

Sr. M. Loretto has received her M.A. in hospital administration at the University of St. Louis, Mo. She is assistant to the

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administrator of the hospital and received her elementary education in Saskatoon, Sask. She graduated from the school of nursing, Holy Family Hospital, Prince Albert, obtaining her Bachelor of Science in Nursing *summa cum laude* from St. Francis Xavier University, Antigonish, N.S.

NOVA SCOTIA

COLCHESTER

Lectures on obstetrics and natural childbirth, as well as the eye, were included in the programs of the branch over the past months.

CUMBERLAND

During the past year funds of the branch were supplemented by sales and social gatherings and delegates were sent to the provincial annual meeting.

QUEENS-SHELBURNE

At a recent meeting of the branch, a film on glaucoma was presented for the instruction of the members. Films on Banff and Jasper were also offered in the hope that they would stimulate interest in the forthcoming Biennial Convention.

YARMOUTH

Among the various civic projects supported by the branch during 1953 the latest is that of the fluoridation of the town water. Members participated in the Remembrance Day program and sponsored a reception for the hospital's graduating class. Films on aureomycin and varidase, a discussion of the C.N.A. Structure Study, and a talk on medical missionary work in South Africa by Uta Chase were included in the programs. Funds were augmented by a New Year's dance. Attendance throughout the year was good and councillors attended all provincial meetings.

ONTARIO

DISTRICT 1

The Kent County Chapter executive includes the following: President, Mrs. A. Berry; vice-presidents, M. Gilbert, B. Bradley; recording secretary, Mrs. N. Sales; corresponding secretary, Mrs. E. Dent; treasurer, D. Marini; program convener, Mrs. M. Harrison. Councillors: Wallaceburg, Mrs. J. McCarron; Ridgetown, M. Taylor; Chatham, Mrs. I. Keenan; Tilbury, B. Sauer; Thamesville, Mrs. R. Walker; Dresden, Mrs. H. Mackness.

DISTRICT 5

TORONTO

Women's College Hospital

M. Maber is taking a course in psychiatry at Westminster Hospital, London. Mrs. (Randall) Brown is doing public health in Willowdale. Mrs. (Rankin) Hutcheon is charge nurse, 6th floor, W.C.H., with D. Kimball as her assistant. K. (Brown)

Richardson is nursing at Midale (Sask.) Union Hospital.

District 6

BELLEVILLE

The annual meeting of Chapter A took the form of a Pot Luck supper with 66 members present. Officers are: Chairman, H. Collier; vice-chairman, M. Kidd; secretary, C. Droppo; treasurer, M. Lenfesty; and in other capacities, E. Hutchinson, J. Finlay, M. Herriman, L. Sine. Miss Aylesworth of the Prince Edward County health unit talked on her work in northern Saskatchewan, exhibiting colorful slides.

District 7

KINGSTON

General Hospital

Members of the committee in charge of the annual ball "Winter Waltz," given by the alumnae association in honor of the 1954 graduating class, included: Mrs. J. O'Gorman, A. Mainse, S. Finlay, and P. Ohlke. In the receiving line with the president, Miss Finlay, were L. D. Acton, superintendent of nurses, Mr. and Mrs. R. F. Armstrong, and D. MacLaren, convener. Special guests included chiefs of staff and hospital personnel.

Ontario Hospital

The president, Mrs. M. Bernasconi, conducted the annual meeting of the alumnae association and gave a summary of activities in 1953. The new slate of officers, submitted by Mrs. M. Langford, is as follows: President, Mrs. M. Bernasconi; vice-presidents, Mmes A. Kennedy, W. Lamb; secretary, Mrs. M. Pillar; treasurer, M. Carter; honorary members, Mrs. D. Lynch, M. Sunberg. Others serving are: Mmes J. Steacy, E. MacAvoy, K. Gibson, K. White. H. Kosteniuk is the representative to *The Canadian Nurse*.

Arrangements were discussed for the 10th anniversary dinner scheduled for June in conjunction with graduation.

District 8

OTTAWA

The Lady Stanley alumnae association held their annual dinner on March 2 when 72 members were welcomed by the president, Mrs. J. Steele, and Mrs. V. Berry was guest of honor.

Following the dinner, Jean Milligan, associate director of nursing education at the Ottawa Civic Hospital, spoke on "Nursing Education." Mrs. C. Port and M. Stewart told the members something of the history of the Lady Stanley training school for nurses.

District 9

SUDBURY

St. Joseph's Hospital

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For further information write to:

Miss H. M. Lamont, Director of Nursing, Royal Victoria Hospital, Montreal 2, Que. or **Miss Kathleen Marshall, Supervisor of Nurses, Allan Memorial Institute of Psychiatry, Royal Victoria Hospital, Montreal 2, Que.**

year is as follows: Honorary president, Sr. St. Philip; honorary vice-president, Sr. Françoise de Chantal; president, E. Barbeau; vice-president, Mrs. C. Egan; secretary, Mrs. R. Gailey; treasurer, B. Laframboise; councillors, I. Penman, Mrs. V. Houssar; visiting committee, C. Napier; *The Canadian Nurse,* M. McDonald.

Sr. St. Philip replaced Sr. Flavie Domitille as superior of the hospital last February. She had been director of the school for 24 years before going to Lowell, Mass., where she was director of nurses. She has just returned from there and Sr. Domitille has been named her successor.

The alumnae held a dance with Mrs. R. Marquardt as convener and the student nurses put on a variety concert. I. Penman, who has been nursing arts instructor for the past eight years, has resigned to accept the position of matron at the new Espanola hospital.

DISTRICT 12

KIRKLAND LAKE

At a recent meeting of the chapter an interesting talk on "Art in Relation to Mental Health" was given by Miss M. Harrison, art teacher.

The annual rummage sale has been scheduled for early in May and members have been asked to bring donations of work for the fall bazaar to each monthly meeting.

TIMMINS

A refresher course of eight lectures was started in the month of October given by the local doctors with an enrolment of 100 nurses and an average attendance of 84 throughout. Dr. L. G. Armstrong of Toronto was guest speaker on "Gynecology" at one of the lectures.

A Civil Defence course with films and demonstrations was begun in January. Sixty nurses and seven students registered and arrangements were made for a follow-up in first aid.

PRINCE EDWARD ISLAND

SUMMERSIDE

Dr. Woodruff was the guest speaker at a recent meeting of the district, choosing for his topic "Atomic Warfare." Proceeds of a successful rummage sale will be used to assist in sending a student nurse to the C.N.A. Biennial at Banff.

QUEBEC

MONTREAL

Children's Memorial Hospital

New officers of the Staff Nurses' Association are: President, Mrs. N. Franklin; vice-president, M. Pinkerton; secretary, Miss McLennan; treasurer, J. Teuten; conveners, N. Pearson, J. Murphy.

Additions to the staff include: To general duty, Ward L. S. Babin; operating room, F. Wong, S. Stoddard; as ward secretary,

R. Dugas. M. Reiffenstein, K. Hearn, and C. Mathews have resigned.

General Hospital

At a regular meeting of the alumnae association Miss Rae Chittick, director of the McGill School for Graduate Nurses, was the guest speaker, her subject being "The Improvement of Nursing and Professional Advancement through Post-Graduate University Education." The alumnae were hostesses to the Montreal Council of Women when B. Herman and E. Odell poured tea.

Catherine Angus has resigned from the staff to accept the position of nursing councillor, Dept. of National Health and Welfare, Ottawa.

Royal Victoria Hospital

M. Willet and M. Fraser are with the R.C.A.F., the latter stationed at Moose Jaw. D. Leslie has resigned from the staff and leaves shortly to assume a staff position at Shaughnessy Military Hospital, Vancouver. K. Ardill is head nurse, Ward L; assistant head nurses: P. Gillespie, Ward D; B. MacInnis, Ward F; J. Young, Ward K.

The following personnel have joined the staff of the Montreal Neurological Institute: R. Hayden, B. (Tucker) Buller, G. Hughes, H. Rockwell, C. Denman, J. Whittier, M. Steeves, K. Mann, M. Hutchison, E. Lee. M. Black is on the staff in the Ross Pavilion while W. Smith has resigned from there.

QUEBEC CITY

Jeffery Hale's Hospital

Twenty-two members attended a recent meeting of the alumnae association when Emily FitzPatrick was made an honorary member. The following are taking post-graduate courses: In Montreal: B. Simpson, psychiatry; in Jersey City, N.J.: P. Legaré and E. Nightingale, and H. Cairns, obstetrics. Newcomers to the staff are M. Doherty and Mrs. P. O'Brien.

SWEETSBURG

At the March meeting of the staff doctors and nurses of the Brome-Missisquoi-Perkins Hospital, the guest speaker was Miss Herdan, supervisor at the Montreal Neurological Institute, who addressed the meeting on the nursing care of the unconscious patient, with special emphasis on problems encountered in transportation.

SASKATCHEWAN

SASKATOON

City Hospital

The Vancouver branch of the alumnae scheduled their annual tea for April 24. This is to aid a British Columbia student nurse.

Thirty-nine students of the school of nursing received their caps at a candlelighting ceremony in February when M. E. Crawford, educational director, introduced the girls. Those participating in the impressive cere-

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mony included: Mrs. Armstrong; Mrs. Paine, nursing arts instructor; L. Shackleton, Student Nurses' Association president. Each newly capped student was presented with a New Testament by the Gideon Society. Mrs. F. W. Dewar, representing the society, spoke briefly. E. Kearney presided at the entertainment that followed.

St. Patrick events included a sweater-and-skirt dance given by the Student Nurses' Association when the special guests were Mr. and Mrs. J. E. Armstrong and R. MacFarlane. A vote of thanks was extended by the convener, B. Gibson, to students from the College of Agriculture who attended.

New graduates on the staff include: R. Klymyshyn, S. MacFarlane, M. Mason, M. Milburn, P. Prynallt, M. Shier, Mmes A. Kaufhold, M. Kopko, G. Wolak, M. York.

St. Paul's Hospital

The watchword of the hospital, "Education Conscious," is borne out by the fact that new equipment has been received and five nurses will attend a course on modern methods in nursing poliomyelitis in Regina. Srs. Bedard and Chauvet, accompanied by M. Marchildon and I. Risling, student nurse, attended an institute in Regina on "Medical and Moral Problems." Mrs. V. Renny is attending an institute on "Teamwork" in Calgary while D. Evans, on leave of absence, is taking a R.C.N.R. course.

Among the many class efforts to raise funds to send representatives to the C.N.A. Biennial meeting at Banff, the latest is an April Fool's debate between third-year nurses and male students of the Teachers' College.

Members of the alumnae association were hostesses at a social evening when their special guests were the alumnae of the City Hospital and graduates from Winnipeg, Regina, Calgary, and Toronto. M. Dingwall, St. Paul's alumnae president, and Mrs. A. MacMillan, City Hospital alumnae president, welcomed the guests. P. Kouri, assisted at the piano by Mrs. J. Blacklock, led the group in a sing-song. Miss Kouri also contributed a vocal selection, accompanied by B. Isaac. The guest speaker Mrs. A. L. Caldwell, was introduced by R. O'Byrne. Her subject was "A Day at the United Nations." Mrs. H. Hart was the winner of the door prize.

YUKON

WHITE HORSE

In April, 1953, seven nurses discussed the formation of a chapter in the White Horse area. Organization of the White Horse-Yukon Chapter quickly followed and by-laws prepared by Verona Day were adopted. Under the elected chairman, Mrs. C. Cyr; vice-chairman, M. Seale; secretary-treasurer, V. Day; and convener of committees, J. Bundy, activities in 1953 reported at the annual meeting were: A re-dedication service in May to commemorate the birthday of Florence Nightingale and a meeting attended by eight nurses to hear a paper by Mrs. M. Hawke on "The Rh Factor," followed by a film, "The Alberta Story." Due to the polio epidemic, there were no meetings until September when Dr. P. F. Dubois spoke on salient points for nurses in obstetrics. Members assisted with a tag day for the C.N.I.B. and in the drive for funds for the hospital. The December meeting took the form of a farewell to Misses Seale and Johnston.

Officers elected for 1954 are: President, J. Bundy; vice-president, M. Warneke; secretary-treasurer, N. Wilkinson; convener of committees, S. Wattson.

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Instructors Grade I: Registered Nurses (Staff Nursing) for Provincial Mental Hospital, Essondale, B.C. & Woodlands School, New Westminster, B.C. Currently registered or eligible for registration in B.C.; with diploma or degree in teaching & supervision acceptable to standards of nursing education in B.C. Salary: $239-266 per mo. Minimum of 1 yr. experience in general nursing. Must be British subjects under 40 except in case of ex-service women. For application forms & further information, apply British Columbia Civil Service Commission, 411 Dunsmuir St., Vancouver 3, B.C.

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Supervisor for 327-bed Tuberculosis Sanatorium **& General Duty Nurses for Surgical Unit handling Thoracic & Orthopedic Surgery.** For further information apply Director of Nursing, Fort William Sanatorium, Fort William, Ont.

Night Supervisor for 98-bed hospital (Maternity & Women's Surgery). 48-hr. wk. 3 wks. vacation after 1 yr. Statutory holidays. Apply, stating experience, Salvation Army Grace Hospital, 1156 Wellington St., Ottawa 3, Ont.

O.R. Nurse for July 1 & **General Duty Nurses (3)** for Sept. 1. New modern 23-bed hospital (one floor) located 50 miles from Saskatoon & Prince Albert. Excellent train & bus connections. Salaries: $225 & $210 respectively, less $30 for maintenance. Three 6-mo. increments of $5.00 ea. 1 mo. vacation after 1 yr. service. Apply, stating qualifications & experience, J. L. Fawcett, Sec.-Mgr., Union Hospital, Rosthern, Sask.

Public Health Nurses for generalized program — City of Ottawa Health Dept. Salary: $2,460 - 3,222 plus Cost of Living Bonus (approx. $240 per yr.). Good personnel policies. Superannuation & Blue Cross benefits. Apply Sec., Board of Health, Transportation Bldg., 48 Rideau St., Ottawa 2, Ont.

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Public Health Nurses (4) for Sept. 1 to increase staff to 22. Semi-urban community; pop. 120,000. Minimum salary: $2,700 per yr. with allowance for previous experience. Generalized program. 35-hr. wk. 4 wks. paid holiday; cumulative sick leave. Group insurance, pension plan & Blue Cross available. Liberal automobile allowance. Apply before June 18 Dr. Carl E. Hill, M.O.H., Township of North York, 5248 Yonge St., Willowdale, Ont.

Public Health Nurses (qualified) for Aug. 1 or earlier. Generalized program in rural area. Minimum salary: $2,400 per yr. with allowance for experience. Good personnel policies. 4 wks. annual vacation. Excellent opportunity for nurses with 1 or 2 yrs. experience to prepare for senior responsibilities. Apply Muskoka District Health Unit, Bracebridge, Ont.

Public Health Nurse — Grade 1 — British Columbia Civil Service, Dept. of Health & Welfare. Starting salary: $255-260-266 per mo. depending on experience, rising to $298. Promotional opportunities available. Candidate must be eligible for registration in B.C. & have completed University degree or Certificate course in Public Health Nursing. (Successful candidates may be required to serve in any part of province.) Cars are provided. 5-day wk. in most districts. Uniform allowance. Candidates must be British subjects under 40, except in case of ex-service women who are given preference. Further information may be obtained from Director, Public Health Nursing, Dept. of Health & Welfare, Parliament Bldgs., Victoria, B.C. Application forms obtainable from all Govt. agencies, Civil Service Commission, Weiler Bldg., Victoria, or 411 Dunsmuir St., Vancouver 3, to be completed & returned to the Chairman, Victoria, B.C.

Dietitian for 67-bed hospital. Good salary. Favorable personnel policies. Apply, stating experience, Supt., General Hospital, Portage la Prairie, Man.

Graduate Nurses for Obstetrical & Surgical Ward, Operating Room & Nursery. Good personnel policies. Apply Director of Nursing, Greater Niagara General Hospital, Niagara Falls, Ont.

Registered Nurses for Floor Duty in 45-bed modern General Hospital in Western Ontario town; pop. 3,000. Apply Supt., Charlotte Eleanor Englehart Hospital, Petrolia, Ont.

General Duty Registered Nurses for large city hospital. Vacancies in Medical, Surgical & Pediatric Wards. Salary: $50-56 per wk. 44-hr. wk. Vacation, 3 wks. Illness allowance, 18 days per yr. after 1 yr. service. Apply Director of Nursing, General Hospital, Hamilton, Ont.

General Duty Nurses for 163-bed Tuberculosis Hospital. Generous personnel policies. Modern nurses' residence. Salary depending on experience & qualifications. Apply Director of Nurses, Sudbury & Algoma Sanatorium, Sudbury, Ont.

General Duty Nurses for 450-bed General Hospital. Beginning salary: $220 per mo. with annual increments — ranging to $255. Recognition for proof of experience. 40-hr. wk. — rotating shift. 28 days holidays plus 10 statutory holidays per yr. & allowance for sick time. Temporary accommodation can be supplied. Applicants must be eligible for registration in B.C. Apply Director of Nursing, Royal Jubilee Hospital, Victoria, British Columbia.

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General Duty Nurses for United Church of Canada hospital, 300 miles north of Vancouver on B.C. coast. Salary: $215 per mo. less $40 for board, room & laundry of uniforms. 2 annual increments of $5.00 per mo. Cumulative sick time — 1½ days per mo. 1 mo. annual holiday plus 10 days in lieu of statutory holidays. Transportation refunded after 1 yr. Apply Matron, R.W. Large Memorial Hospital, Campbell Island P.O., Bella Bella, B.C.

General Duty Nurses for 650-bed Teaching Hospital in Central California. Salary: $273-320 per mo. 40-hr. wk. Liberal vacation, holiday & sick leave plan. Apply Personnel Office, 510 E. Market St., Stockton, California.

General Duty, Operating Room & Maternity Nurses. Salary: $182.50 for recent graduates. 1 meal, laundry. 8-hr. day, 44-hr. wk. — straight shift. $20 differential evenings — $15 nights. Vacation, sick time, statutory holidays on salary. Semi-annual & annual increments. Financial recognition for yrs. of experience, post-graduate or university study. Apply Director of Nursing, General Hospital, Winnipeg, Man.

General Staff Nurses for 400-bed Medical & Surgical Sanatorium, fully approved. Student affiliation & post-graduate program. Full maintenance. Recreational facilities. Vacation with pay. Sick benefits after 1 yr. Blue Cross coverage. Attractive salary. For further particulars apply Supt. of Nurses, Nova Scotia Sanatorium, Kentville, N.S.

General Duty Nurses for Obstetrical, Surgical & Pediatric Wards. 375-bed hospital with Training School. Residence accommodation if desired. Progressive city on main line to Toronto & Montreal. Apply Director of Nursing, General Hospital, Brantford, Ont.

General Duty Nurses for 100-bed hospital. Starting salary: $225 per mo. Perquisites include: 40-hr. wk.; 28 days vacation after 1 yr. service. Maintenance in adjacent nurses' residence if desired. Apply Administrator, Kootenay Lake General Hospital, Nelson, B.C.

WANTED

(1) **Director** at the REGINA CENTRE

(2) **Instructor**—as Tutor in Basic Sciences—at the SASKATOON CENTRE of the Centralized Lecture Program for Nursing Students.

This is a New Program involving Eight Schools of Nursing
Financed by the W. K. Kellogg Foundation.

Good salaries and personnel policies.

Apply, stating qualifications, to:

EXECUTIVE-SECRETARY, 401 NORTHERN CROWN BLDG., REGINA, SASK.

ASSISTANT DIRECTOR OF NURSING SERVICE

for

300-bed General Hospital

Apply, stating qualifications, to:

Director of Nursing Service, Metropolitan General Hospital, Windsor, Ontario

Graduate Nurses for General Duty. Living-in accommodation if desired. Apply Supt. of Nurses, Homewood Sanitarium, Guelph, Ont.

General Duty Nurses for 65-bed hospital. Salary: $150 per mo. plus full maintenance. 44-hr. wk. 4 wks. vacation. Summer resort on Lake Huron. Apply Supt., Alexandra Marine & General Hospital, Goderich, Ont.

General Duty Registered Nurse for June 1. 18-bed modern hospital. Salary: $225 per mo. Apply, giving qualifications & references, Supt., Lady Dunn Hospital, Jamestown, Ont.

Matron for May 1. 27-bed hospital (less than 40% occupancy last 2 yrs.) Graduate complement: matron & four. Good knowledge of x-ray essential. Salary: $270; board, $40. 44-hr. wk. 28 days holiday after 1 yr. service. Customary sick leave. Apply, giving full details & date available, Sec., Slocan Community Hospital, New Denver, B.C.

Supt. of Nurses for 105-bed General Hospital with comparatively new wing in operation. Situated in Nova Scotia's most beautiful town. All graduate staff. No training school. Self-contained living quarters in nurses' residence. Prefer young person with post-graduate & training in nursing administration & supervision. Salary in accordance with qualifications & experience. Position must be filled no later than June 15. Apply, giving particulars of above requisites, Administrator, Colchester Co. Hospital, Truro, N.S.

Supt. of Nurses & O.R. Supervisor for General Hospital, Dauphin, Man. 86-bed hospital with Nurses' Training School. Community of 6,500. Excellent living conditions. Supt. of Nurses must be good organizer & disciplinarian. Salary open for both positions. For further information apply A. J. Schmiedl, Sec.-Mgr.

Matron for 34-bed hospital by June 1. Starting salary: $190 per mo. plus full maintenance. Partial Blue Cross payments. 3 wks. vacation with pay 1st yr. employment; 4 wks. after 2nd yr. Regular sick leave plus all statutory holidays. Apply Supt. of Nurses, Altona Hospital, Altona, Man.

HOSPITAL NURSES

GRADE 1 — $2,430 - $2,820 GRADE 2 — $2,730 - $3,120

Department of Veterans Affairs Hospitals

Camp Hill, Halifax	Deer Lodge, Winnipeg
Ste. Anne's, Montreal	Veterans Hospital, Saskatoon
Sunnybrook, Toronto	Colonel Belcher, Calgary
Westminster, London	Shaughnessy, Vancouver

Application forms, available at your nearest Civil Service Commission Office, National Employment Office or Post Office, should be filed with ***The Civil Service Commission, Ottawa.***

CIVIL SERVICE OF CANADA

REGISTERED GENERAL STAFF NURSES

300-bed General Hospital
Good Working Conditions
44 Hours per Week
Cafeteria

Salary: $210 per month

For further information, apply to:

Director of Nursing Service, Metropolitan General Hospital, Windsor, Ontario

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Director of Nurses & Principal of School of Nursing for 117-bed General Hospital. Post-graduate course in administration or equivalent experience required. Salary open. Suite in modern residence. Construction of new 150-bed hospital under way. Apply, giving details of education, qualifications, experience, enclosing recent photo. Administrator, Jeffery Hale's Hospital, Quebec City, Que.

Director of Nurse Education. Training School of 36 students. 44-hr. wk. Full maintenance. Apply, stating experience & salary expected, M. Amy White, Supt., General & Marine Hospital, Collingwood, Ont.

Instructor in Science & Surgical Nursing for new school taking in one class yearly. Responsible for teaching Chemistry, & Anatomy & Physiology in 1st term & the Surgical portion of an integrated course in Medical-Surgical Nursing in 2nd term. Splendid opportunity to help develop new school being established on sound educational lines. For further information apply Director, School of Nursing, Metropolitan General Hospital, Windsor, Ont.

Science Instructor for June or Sept. Complete maintenance in comfortable suite. 120-bed hospital — 35 students. New 150-bed hospital under construction. Apply, stating experience & salary expected, Director of Nurses, Jeffery Hale's Hospital, Quebec City, Quebec.

Instructor in Nursing Arts. Clinical Instructor in Medicine. Clinical Instructor in Surgery. For School of Nursing by Aug. 1. 177-bed hospital; affiliation arranged in Tuberculosis & Psychiatric Nursing. Maximum of 60 students. One class per yr. Complete maintenance available. Excellent personnel policies. For further particulars apply Miss E. A. Bietsch, Director of Nursing, General Hospital, Medicine Hat, Alberta.

Instructors for: Science Teaching followed by Clinical Ward Teaching; Clinical Ward Teaching & lectures in Medical Nursing. Commencing salary: $250 (additional for experience). Current R.N.A.B.C. contract in effect. 65 students; one class per yr. For information about position & community apply Director of Nurses, Royal Inland Hospital, Kamloops, B.C.

Nursing Arts Instructor & Clinical Instructors in Medicine & Surgery. Apply Director of Nurses, Misericordia Hospital, Edmonton, Alta.

WOODSTOCK GENERAL HOSPITAL
WOODSTOCK, ONTARIO

Operating Room Nurse (General Duty)

Apply, stating qualifications, to:

DIRECTOR OF NURSES, GENERAL HOSPITAL,
WOODSTOCK, ONTARIO.

NURSING ARTS INSTRUCTOR

for

SARNIA GENERAL HOSPITAL SCHOOL OF NURSING
SARNIA, ONT.

- Hospital Capacity — 266 Beds plus 50 Bassinets.
- Modern Classroom Facilities.
- Good Salary and Personnel Policies.

Apply

DIRECTOR OF NURSING, GENERAL HOSPITAL, SARNIA, ONT.

Instructors (qualified): **Nursing Arts (1) & Clinical (1)** by Aug. 1 for 200-bed hospital. 65 students; one class per yr. enters in Sept. Allowance made for degree with experience. For further information apply Director of Nurses, General Hospital, Guelph, Ont.

Senior Instructor to teach Nursing Arts & direct teaching program. Vacancy Aug. 1. Psychiatric Nursing experience preferred. Salary: $266-321 per mo. Also **Graduate Nurses** with Psychiatric training — Salary: $216-256 per mo.; without Psychiatric training — $211-251. 1,450-bed active treatment hospital conducting accredited school of training. 44-hr. wk. Residence with board, if desired: $30 per mo. Excellent holiday, sick leave & pension benefits. Apply, stating qualifications & experience, Supt. of Nurses, Provincial Mental Hospital, Ponoka, Alta.

Nursing Instructor. New 330-bed hospital opening in May. Excellent salary & personnel policies. For further information apply Director of Nursing, St. Thomas-Elgin General Hospital, St. Thomas, Ont.

Nursing Arts Instructor for School of Nursing. 150 students—450-bed hospital. **Apply** Director of Nursing, General Hospital, Saint John, N.B.

Clinical Instructor for Surgical Nursing (1). School of Nursing with 90 students. Duties to commence July 1. Apply Director of Nursing, General Hospital, Oshawa, Ont.

Nursing Arts Instructor. School of Nursing: 55 students. 125-bed hospital. For further information apply Director of Nursing, Children's Hospital, Winnipeg, Man.

Clinical Supervisors & Instructors: Surgical (2) & Medical (2). Also **General Staff Nurses.** Personnel policies based on R.N.A.O. recommendations. For full details apply Director of Nursing, General Hospital, Port Arthur, Ont.

Operating Room Supervisor (experienced) with post-graduate course. Modern O.R. (3 rooms). New hospital with most up-to-date equipment. Salary open. Apply Supt., City Hospital, Sydney, N.S.

Operating Room Nurse (experienced) preferably with post-graduate training. **General Duty Nurses.** Starting salary: $234 per mo. with B.C. registration; credit for experience. R.N.A.B.C. agreement. 40-hr. wk. New 111-bed hospital. Apply Supt. of Nurses, West Coast General Hospital, Port Alberni, Vancouver Is., B.C.

Operating Room Nurses & Staff Nurses. 170-bed approved hospital with intern staff, ½ hr. from New York City. Beginning salary for O.R. nurses: $250. 40-hr. wk. Good personnel policies; Social Security; hospital insurance. Maintenance available at minimum cost. Apply Director of Nursing, General Hospital, Yonkers 2, New York.

Public Health Nurse for Health Unit for generalized program. Proximity to Toronto permits urban living conditions to be combined with rural-urban work. Excellent transportation arrangements, group insurance & other attractive working conditions. Apply Dr. R. M. King, York County Health Unit, Newmarket, Ont.

JUNIOR NURSING INSTRUCTORS

$3,060 — $3,600

DEPARTMENT OF VETERANS AFFAIRS
TORONTO, MONTREAL, HALIFAX

Details and application forms at your nearest Civil Service Commission Office, National Employment Office, and Post Office.

QUOTE COMPETITION 54-357

CIVIL SERVICE OF CANADA

Public Health Nurse for city of Peterborough. Basic salary: $2,700 per yr. (inexperienced). Annual increment, $150. Transportation allowance or vehicle provided. 5-day wk. Pension plan. Annual vacation: 1 mo. with additional time at Christmas & Easter. Apply Dr. J. P. Wells, Medical Officer of Health, City Hall, Peterborough, Ont.

Public Health Nurses (qualified) for City of Oshawa. Two vacancies. Generalized program in urban area. Minimum salary: $2,700; allowance for experience. Transportation provided. 5-day wk. 4 wks. vacation. Sick leave with pay. Pension plan. Hospital insurance. P.S.I. available on participating basis. Apply Board of Health, Oshawa, Ont.

Public Health Nurses for generalized program in rural-suburban Health Unit near Toronto. Excellent salaries. Pension plan. For full details apply Supervisor, Peel County Health Unit, Court House, Brampton, Ont.

Laboratory Technician (1), Registered Nurses (5) — one with O.R. experience. Also **Grace Maternity Graduates.** Three 8-hr. shifts, alternating weekly. Good personnel policies covering vacation, hospitalization & sick time. Apply Supt., Queens General Hospital, Liverpool, N.S.

Registered Nurses: General Duty, Obstetrical (Night), P. M. Nursery (experienced). 94-bed hospital on nursing contract. Apply Miss Olive G. Dennison, Lake Region Hospital, Fergus Falls, Minnesota.

Registered Nurses for General Duty (2). 70-bed fully modern hospital on C.P.R. main line & Trans-Canada Highway to Calgary & Banff. Salary: $165 & full maintenance with $5.00 increment every 6 mos. Sick leave with pay. 1 mo. annual vacation with pay plus statutory holidays. 8-hr. day, 44-hr. wk. Apply Supt., Municipal Hospital, Brooks, Alta.

Registered Nurses for General Duty Staff. Salary commences at £37-10-0 per mo. with full maintenance. Transportation allowance. For full particulars apply Matron, King Edward VII Memorial Hospital, Bermuda.

Registered Nurses for General Duty for small General Hospital. Additional staff required to institute 44-hr. wk. Salary: $150 per mo. with full maintenance. 8-hr. duty; rotating shifts. 3 increments of $5.00 per mo. at 6-mo. intervals. Blue Cross. 10 days sick leave per yr. 6 statutory holidays. 28 days vacation. $30 bonus for working during July, Aug. & Sept. Apply Supt., Barrie Memorial Hospital, Ormstown, Que.

Registered Nurses for General Duty in 600-bed hospital for Tuberculosis. Initial gross salary: $185 per mo. 8-hr. duty, 44-hr. wk. Board & room available. Apply Director of Nursing, Beck Memorial Sanatorium, London, Ont.

Registered Nurses (2) for 30-bed hospital. Salary: $220 per mo. less $40 for full maintenance. 4 wks. yearly vacation. 18 days sick leave. Apply Community Hospital, Grand Forks, British Columbia.

Registered Nurses, Grace Hospital Graduates & Certified Nursing Assistants. Apply Supt., Lady Minto Hospital, Cochrane, Ont.

Infirmières demandées par

LA SOCIÉTÉ CANADIENNE DE LA CROIX-ROUGE

- Service général dans les avant-postes hospitaliers.
- Postes d'infirmières surveillantes et infirmières visiteuses dans les avant-postes infirmiers.
- Service de Transfusion.
- Les infirmières, possédant un diplôme reconnu par l'Association des Infirmières du Canada, devront faire parvenir leur demande d'emploi à l'adresse suivante:

DIRECTRICE NATIONALE, SERVICE DU NURSING,
LA SOCIÉTÉ CANADIENNE DE LA CROIX-ROUGE,
95 RUE WELLESLEY, TORONTO 5, ONTARIO, CANADA.

Registered Nurses (2) for General Duty in modern 25-bed hospital. Salary: $210 gross with 1 mo. holiday after 1 yr. service or 2 wks. after 6 mos. with usual sick leave. Write or phone Sec.-Mgr., Porcupine-Carragana Union Hospital, Porcupine Plain, Sask.

Registered General Duty Nurses for new 175-bed hospital. Excellent working conditions & personnel policies. Apply Director of Nursing, South Waterloo Memorial Hospital, Inc., Galt, Ontario.

Graduate Nurses for General Duty in Obstetrics & Surgery. Modern 110-bed hospital. Commencing salary: $135 per mo. after deductions for board & room. Comfortable nurses' home. Apply Supt. of Nurses, Western Memorial Hospital, Corner Brook, Newfoundland.

Graduate Nurses for completely modern West Coast hospital. Salary: $230 per mo. less $40 for board, residence, laundry. $10 annual increments. Special bonus of $10 per mo. for night duty. 1 mo. vacation with full salary after 1 yr. service. 1½ days sick leave per mo. cumulative to 36 days. Transportation allowance not exceeding $60 refunded after 1st yr. Apply, stating experience, Miss E. L. Clement, Supt. of Nurses, General Hospital, Prince Rupert, B.C.

Graduate Nurses (3) at once owing to present nursing staff leaving to get married. 30-bed hospital on C.P.R. main line & Trans-Canada Highway, 2 hrs. from Calgary. Modern nurses' residence & garage. 8-hr. day, 6-day wk. with rotating shifts. Starting salary: $170. $5.00 increase at end of each 6 mos. 3 wks. holiday & statutory holidays. Sick leave with pay & free hospitalization. Apply Matron, Municipal Hospital, Bassano, Alberta.

Central Alberta Sanatorium, Calgary, Alta., offers to **Graduate Nurses** a 6-mo. post-graduate course in Tuberculosis. Maintenance & salary as for General Staff Nurses. Opportunity for permanent employment if desired. Spring & Fall Classes. Further information on request.

General Duty Nurses — "You will like it here." Placement in the service of your choice in Teaching Hospital. Beginning salary: $240 per mo. for 40-hr. wk. Scheduled increases, payment for overtime, 6-hr. evening duty. $270 per mo. for night duty. Sick leave, 6 holidays, 3 wks. vacation. Residence facilities if desired. Tuition-free courses after 6 mos. service. Opportunities for advancement. Apply Director of Nursing Service, University Hospitals of Cleveland, Cleveland 6, Ohio.

General Duty Nurses. Salary: $182.43 (one hundred eighty-two dollars & forty-three cents) monthly, paid on a bi-weekly basis; 26 pays in a yr. Salaries have scheduled rate of increase. 48-hr. wk. 8-hr. broken day; 3-11, 11-7, rotation. Cumulative sick leave. Pension Plan in force. Blue Cross. 3 wks. vacation after 1 yr. service. Apply Supt. of Nurses, Muskoka Hospital, Gravenhurst, Ont.

General Duty Nurses. Gross salary: $200 per mo. with 1 yr. or more of experience; $190 per mo. with less than 1 yr. experience; $20 per mo. bonus for evening or night duty. Annual increment, $10 per mo. 44-hr. wk. 8 statutory holidays. 21 days vacation & 14 days sick leave with pay after 1 yr. employment. Apply Director of Nursing, General Hospital, Oshawa, Ont.

DIRECTOR OF NURSES

for

McKELLAR GENERAL HOSPITAL, FORT WILLIAM, ONT.

For June 1. New, modern 435-bed hospital with affiliated School of Nurse Education. This position calls for a Director with experience and preferably University and Post-Graduate training. Well staffed and equipped. Excellent living quarters. Salary open.

Apply Mr. R. V. Johnston, Superintendent

General Duty Nurses (3) for 20-bed hospital. Starting salary: $215 gross less $25 for full maintenance. Separate nurses' residence. 8-hr. day; 6-day wk.; rotating shifts. Statutory holidays. 1 mo. vacation after 1 yr. Apply R. L. Hanna, Sec.-Treas., Municipal Hospital, Empress, Alta.

General Duty Staff Nurses for 515-bed General Hospital. 40-hr. wk. Beginning salary: $260 per mo. with advancement to $285; $20 additional for evenings & nights. Hospital & School of Nursing fully approved. Apply Director of Nursing, The Grace Hospital, 4160 John R. St., Detroit 1, Michigan.

General Duty Staff Nurses for 175-bed General Hospital, located 20 miles from Detroit. Excellent personnel policies with opportunities for advancement. Apply Director of Nursing, St. Joseph Hospital, Mount Clemens, Michigan.

General Duty Nurses for 430-bed hospital. Salary: $230-260. Credit for past experience. Annual increments. 40-hr. wk. Statutory holidays; 28 days annual vacation. Cumulative sick leave. Apply Director of Nursing, Royal Columbian Hospital, New Westminster, British Columbia.

General Duty Nurses for 920-bed General Hospital. Starting salary: $190-210 per mo. plus meals & laundry. Credit for past experience, annual increments. 44-hr. wk., rotating shifts. Statutory holidays, 21 days vacation, cumulative sick leave, hospitalization subsidized, pension plan. For further information apply Supt. of Nursing Service, University of Alberta Hospital, Edmonton, Alta.

General Duty Nurses for Medical, Surgical, Pediatrics, Obstetrics. Good salary & personnel policies. Apply Director of Nursing, Victoria Hospital, London, Ont.

Supt. & Registered Nurses (2) immediately for Cruise Memorial Hospital, Vita, Manitoba. Salaries: Supt. $250 & Nurses $200 per mo. plus full maintenance. This is a 22-bed hospital in Southeastern Manitoba operated by the Board of Home Missions of the United Church. Apply by letter or reverse phone Dr. C. H. Best, 441 Somerset Bldg., Winnipeg, Man.

Matron & General Duty Nurse for 16-bed hospital. Salaries: $275 & $210 gross, respectively. 1 mo. vacation & one-way fare refunded after completion of 1 yr. satisfactory employment. Sick leave & other benefits. Separate residence. Apply Mr. L. Fetter, Sec., Union Hospital, Eastend, Sask.

Evening Supervisor & General Duty Nurses for General Hospital. 88 adult beds plus 30 bassinets. For particulars apply Director of Nursing, Norfolk General Hospital, Simcoe, Ont.

Public Health Nurse for generalized program in official agency, both rural & urban, in attractive & developing county. 37½-hr., 5-day wk. Car allowance. 1 mo. vacation. Group insurance. Apply Dr. Archie F. Bull, Medical Officer & Director, Halton County Health Unit, Milton, Ont.

Registered & Graduate Nurses for General Duty for 100-bed hospital. Apply, giving experience, references, etc., Supt., The Cottage Hospital, Pembroke, Ont.

VANCOUVER GENERAL HOSPITAL

The Vancouver General Hospital requires:

General Staff Nurses. 40-hr. week. Salary of $231.00 as minimum and $268.50 as maximum, plus shift differential for evening and night duty.

Residence accommodation is available.

Applications should be accompanied by letter of acceptance of registration in B.C. from *Registrar of Nurses, 1101 Vancouver Block, Vancouver 2, B.C.*

Apply to: **Personnel Dept., General Hospital, Vancouver 9, B.C.**

Graduate Registered Nurses, Catherine Booth Graduates & Trained Attendants — for General Duty. New modern hospital ideally situated in Eastern Townships. Excellent bus & train service. Salary & personnel policies on application. 8-hr. duty — 1½ days off per wk. 30 days holiday. Sick leave allowance. Blue Cross. Apply Supt., Brome-Missisquoi-Perkins Hospital, Sweetsburg, Que.

General Duty & Maternity Nurses for attractive new 100-bed hospital in Southern Ontario. Salary & increments in accordance with R.N.A.O. 3 wks. annual vacation. Sick leave benefits. Residence rooms available. Apply, giving full details of training, experience, P.G., age, date available, etc., Director of Nurses, Memorial Hospital, Tillsonburg, Ont.

General Duty Nurses for Permanent Staff & Summer Relief. Well equipped small hospital. 8-hr. duty; 5½-day wk.; rotating shifts. Long weekend following night duty. Popular summer resort. Apply Supt., Saugeen Memorial Hospital, Southampton, Ont.

Registered Nurse for Red Cross Nursing Station, Endeavor, Saskatchewan. Salary: $235 less $30 for maintenance. Apply Commissioner, Saskatchewan Division, Canadian Red Cross Society, 2331 Victoria Ave., Regina, Sask.

Operating Room Supervisor. Post-graduate course in Operating Room essential. Also **Asst. Nursing Arts Instructor.** 230-bed hospital with School of Nursing — 150 students. Apply Director of Nursing, Grace Hospital, Winnipeg, Man.

Public Health Nurse for York Township. Minimum salary: $2,800 with annual increment. Generalized program. 5-day wk. Cumulative sick leave; pension plan; Blue Cross. Apply Dr. W. E. Henry, Medical Officer of Health, 2700 Eglinton Ave. W., Toronto 9, Ontario.

Registered Nurses for Sanatorium Board of Manitoba. Salary range: $200-230 per mo., depending on qualifications & appointment. Board, room & laundry supplied for $39 per mo. Good hours & working conditions. Generous vacations, group insurance, all statutory holidays & other employee benefits. Apply Sanatorium Board of Manitoba. 668 Bannatyne Ave., Winnipeg, Man.

Nurse to direct Public Health Nursing program for City Health Dept. Preference given to B.Sc. Nursing (Public Health) with administrative & supervisory training & experience. 5-day wk. Sick leave & pension plan. 1 mo. holiday after 1 yr. State salary expected. Apply Dr. W. H. Hill, City Health Dept., Calgary, Alta.

Public Health Nurses (2) for City of Guelph. Minimum salary: $2,500. Allowance for experience. Generalized program. Cars provided. Blue Cross; pension plan; sick benefits. Apply Dr. G. Sutherland, M.O.H., City Hall, Guelph, Ont.

Public Health Nurses for generalized program in rural-suburban Health Unit near Toronto. Starting salary: $3,000 for qualified nurses; annual increments to $3,400. Pension plan. Car allowance. For full details apply Supervisor, Peel County Health Unit, Court House, Brampton, Ont.

WANTED

CLINICAL INSTRUCTOR FOR PEDIATRICS

for

War Memorial Children's Hospital

Capacity: 140-150 beds.

Post-graduate course preferred.

Good salary and Personnel Policies.

Apply:

Director of Nursing, Victoria Hospital, London, Ontario.

Senior Instructor to teach Nursing Arts & Surgical Nursing & aid with administration of school program. 1 class per yr. of approx. 20. Salary: $260-290; credit given for experience. 40-hr. wk. 1½ days per mo. sick leave (cumulative). 11 statutory holidays; 1 mo. vacation. May live in or out of residence. Apply Director of Nurses, Royal Inland Hospital, Kamloops, B.C.

Registered Nurses (2) for General Duty for 40-bed hospital. Starting salary: $175 plus full maintenance. $5.00 increase each 6 mos.; $5.00 per wk. extra for night duty. 44-hr. wk. Statutory holidays. 3 wks. vacation with full pay after 1 yr. service. Apply Matron, Municipal Hospital, Box 560, Taber, Alta.

General Duty Nurses (2) for 40-bed hospital on all-weather highway to Vancouver. Monthly salary: $250; full maintenance, $45 per mo. 42-hr. wk. 28 days annual holiday plus 10 statutory holidays. Rotating shifts, annual increases, cumulative sick leave. Self-contained residence. Travelling expenses advanced if necessary. Apply Director of Nursing, General Hospital, Princeton, B.C.

Graduate Nurses for General Duty — days; also 3:00 p.m. to 11:00 p.m.; 11:00 p.m. to 7:00 a.m. Salary: $185-200 per mo. plus maintenance. 5-day wk. Good personnel policies. 70-bed General Hospital, 25 miles from New York City. New hospital building under construction. Apply Administrator, Tarrytown Hospital, Tarrytown, New York.

Laboratory X-Ray Technician for Municipal Hospital, Fairview, Alberta. Small chest x-ray plus large model machine. The lab. will have to be set up; all the more difficult cultures are sent out to Edmonton. Salary to start: $180 per mo. plus full maintenance. Apply Sec.-Treas.

Graduate Nurses (3) for 24-bed hospital. Salary: $230 per mo. if B.C. registered; less $40 board, lodging, laundry. 1 mo. vacation after 1 yr. on full pay. 1½ days sick leave per mo. cumulative. Apply, stating experience, Matron, Terrace & District Hospital, Terrace, British Columbia.

General Duty Nurses (2) immediately for 12-bed hospital. 8-hr. shift. Gross salary: $240 per mo. with maintenance available at minimal cost. Apply Hôpital Notre-Dame, Val Marie, Saskatchewan.

Nurse Technician Team (intravenous & intramuscular therapy). Apply Dr. H. Featherston, Asst. Supt., Civic Hospital, Ottawa, Ontario.

Head Nurse for Obstetrical Dept.; General Staff Nurses & Certified Nurses' Assts. for all depts. in new hospital opening late Summer. Apply Director of Nursing, Northwestern General Hospital, 2175 Keele St., Toronto, Ont. (Postal Sub-Station 83).

Position Wanted

Registered Nurse (bilingual) with Medical Records experience for 2 yrs. in small accredited hospital. Enrolled in extension course for M.R.L. Would consider same work in small or medium sized hospital for Sept. 1. Excellent references. Apply c/o Box C, The Canadian Nurse, 1522 Sherbrooke St. W., Montreal 25, Que.